

Understanding Why: Investigating Justifications for the Use of Intimate Partner Psychological
Aggression

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Statement of Co-Authorship

The present dissertation is in article format. The first article, entitled *Exploring Insecure Romantic Attachment and Justifications for the Use of Intimate Partner Psychological Aggression in Couples*, was published in the *Journal of Interpersonal Violence* (Leclerc et al., 2022), a peer reviewed journal. The dissertation author, Marie-Eve Leclerc, appears as the primary author in this manuscript. Marie-Eve Leclerc participated in key aspects of this manuscript, including the literature review, the conceptualization of the dissertation, defining hypotheses and research objectives, data cleaning and management, developing the data analysis plan and performing all analyses, interpreting results, and the writing of the dissertation manuscript. The dissertation supervisor and principal study investigator, Dr. Marie-France Lafontaine, appears as the second author. Her role included the development and implementation of the study, formulating the ethics request and data collection, supervised all aspects of the project and current manuscript, and served as the main advisor. This study was also prepared in collaboration with Dr. Katherine Péroquin, appearing as third author. Dr. Katherine Péroquin participated in the development and implementation of the study, including the study procedures, the recruitment of participants and providing feedback on the article. Audrey Brassard, the fourth author, participated in the conceptualization of the study, the development of the hypotheses, provided feedback on the article. The second article, entitled *Why I used psychological aggression toward my partner: A typology of aggression justifications in a clinical sample of men* was published in *Partner Abuse* (Leclerc et al., 2023), a peer reviewed journal. The dissertation author, Marie-Eve Leclerc, appears as the primary author in this manuscript. Ms. Leclerc participated in key aspects of this project, including conducting the literature review, the conceptualization of the dissertation and research objectives, defining hypotheses, data cleaning

and management, developing the data analysis plan and performing all analyses, interpreting results, and the writing of the article. The dissertation supervisor, Dr. Marie-France Lafontaine, appears as the second author. She participated in the conceptualization of the study and its hypotheses, supervised all aspects of the manuscript and served as the main advisor. Dr. Audrey Brassard, principal investigator of the larger project, appears as the third author and provided feedback on the article. She also consented for the data to be used for the purposes of this study. Therefore, a certificate of ethics approval for the use of secondary data was obtained by the Office of Research Ethics and Integrity of the University of Ottawa. This study was also prepared in collaboration with Dr. Katherine Pélouin appearing as fourth author. Dr. Katherine Pélouin participated in the development of the study's hypotheses and provided feedback on the article.

Summary of Dissertation

Love and romantic relationships have the capacity to influence one's welfare in the most profound ways. Intimate partner psychological aggression (IPPA), defined as verbal and non-verbal behaviours that aim to belittle, coerce, isolate, or control (Baldry, 2003; Shorey et al., 2012), is the most prevalent form of partner aggression (Center for Disease Control and Prevention, 2019), and can have significant negative outcomes on its victims. The detrimental outcomes of IPPA warrant additional research on factors that may be associated with its sustained prevalence in men and women. While various studies have revealed that justifying a harmful behaviour can maintain and, in some cases, aggravate the behaviour (e.g., Martens & Kosloff, 2012; Mulder & van Dijk, 2020), few have explored its associations to IPPA. This doctoral dissertation focuses on IPPA and how it is justified. Specifically, the two complementary studies investigated how justifications for using IPPA relate to other features of psychological functioning (e.g., adult romantic attachment, relationship satisfaction, anger management, psychopathy, childhood trauma, drug and alcohol use) to better understand the IPPA phenomenon. The present dissertation is in article format and contains four sections: a general introduction, two articles, and a general discussion. The general introduction presents the topic of the dissertation, defines the primary constructs, states the problem statement, provides a robust theoretical basis, and specifies its main objectives. The two articles contain the following sections: introduction, objectives and hypotheses, method, analyses, results and discussion. Both articles are presented according to the format requested by their respective peer-reviewed journal. Lastly, the general discussion summarizes the findings of both articles, presents their implications and outlines limitations and future directions for prospective studies. All study

materials (i.e., ethics approval notice, consent form, self-report measures) are included as appendices.

The first study explored the association between how individuals justify their use of IPPA and their adult romantic attachment (i.e., defined through levels of attachment anxiety and attachment avoidance) in Canadian community couples experiencing bi-directional aggression. The sample consisted of 162 adult participants (81 mixed-sex couples). The data were analyzed using structural equation modelling (i.e., actor-partner interdependence model) to test the study's hypotheses, as it is one of few statistical models to account for variances between and within partners. Path analysis based on the APIM model revealed statistically meaningful associations between attachment anxiety and all types of justifications, as well as no statistically significant associations between attachment avoidance and the justifications. In addition, a small but significant association was found between men's attachment avoidance and women's use of external justifications for their use of IPPA. The results are discussed using the theoretical lenses of attachment theory and cognitive dissonance, and highlight the significance of justifications in adults with higher levels of attachment anxiety. The second study investigated a new typology of men's use of IPPA. A sample of 456 men seeking therapeutic services for their couple relationship problems was recruited to complete a battery of questionnaires. Latent profile analyses revealed a final five-profile solution model. The five profiles were then compared on a series of IPPA-related variables to offer more descriptive information on each profile. Overall, the results emphasize the importance of inquiring about the justifications accompanying men's use of IPPA to support the conceptualization and orient treatment for this population.

Taken together, these independent studies provide a complementary overview of the associations between justification for IPPA use and other features of psychological functioning.

While the first study focuses on the associations between justifications and romantic attachment, the second uses justifications as an indicator variable to classify participants and then compares the profiles on a multitude of variables, including adult romantic attachment. Moreover, the studies' complementary analytical and methodological approaches offer results that, combined, refer to men and women, individuals and couples, and investigates justification across a community and a middle-ground sample (i.e., sharing characteristics of both a community and a clinical sample). Moreover, the combination of the studies' variable-centered analyses (i.e., study 1; focus the analysis on the relationship among variables) and person-centered analyses (i.e., study 2; focus the analysis on the classification of individuals) reflects an important strength of this dissertation. The results highlight the importance of considering the justifications for using IPPA and stress its relevance with other dimensions of psychological functioning. The results contribute to the literature and overall understanding justifications for intimate partner aggression and add support to some of the theories that inform conceptualizations and treatment of individuals who are dealing with IPPA.

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General Introduction

General Introduction

Adult romantic relationships are at the core of the human experience. In part, the extent to which romantic love can positively or negatively alter human behaviour feeds our fascination for this driving force. Romantic relationships are complex and layered. How do we explain that, in some cases, one will intentionally or unintentionally harm someone they deeply love? While some aspects of intimate partner aggression have been the subject of much theory and research, others have received little attention. Specifically, the present doctoral research dissertation aims to address a less-studied yet powerful tool for understanding aggression in couple relationships: self-reported justification for the use of romantic partner aggression. Moreover, the two studies included in this dissertation will focus exclusively on intimate partner psychological aggression (IPPA). Each study investigates complementary perspectives on justifications and its association to IPPA, to better understand the phenomenon of IPPA. The first study explores the associations between insecure romantic attachment and the justification used to explain the use of IPPA in mixed-sex community couples experiencing bi-directional IPPA. The second study uses self-reported justifications for IPPA to conceptualize a new typology of heterosexual men who have been in a romantic relationship for at least 12 months and are seeking therapeutic services for their couple relationship problems. The following sections will present the conceptualization, theory and research about the primary constructs studied as well as the relevance and contribution of this dissertation research.

Re-Thinking the Jargon on Couple Aggression

With changing social norms, it appears to be increasingly challenging to keep up with- and settle on- common terminology in the domain of couple aggression. While,

historically, diverse terminology has been used to refer to intimate partner aggression, some terms are no longer appropriate to characterize the modern-day couple. For instance, terminology with matrimonial undertones, such as conjugal violence, excludes unmarried couples, adolescents, casual romantic or sexual relationships (e.g., occasional sexual partners) and relationships involving more than two individuals (e.g., polyamory, open-relationships) in which aggression may take place. Congruently, the term domestic abuse reflects connotations of traditional gender roles since domestic is defined as one's devotion to household duties or running of the family (Merriam Webster, 2018). The term intimate partner violence has recently been adopted to address greater inclusivity and changing relational and self-identification standards (Heise et al., 1999). While the term violence is widely used across the literature on partner abuse, it may not be the most accurate term to depict emotional, verbal and psychological harm. More precisely, violence is considered as an extreme subcategory of aggression, typically referring explicitly to an attack on one's bodily integrity (Allen & Anderson, 2017; Shorey et al., 2012). The term aggression addresses this limitation by reflecting a wide range of behaviour from mild (e.g., name-calling) to severe (e.g., homicide), including, but not limited to, acts of violence. In other words, all violence include aggression, but not all aggression includes violence. In light of the clarification above, the presented dissertation refers to "intimate partner aggression" and "intimate partner psychological aggression" (IPPA) in order to depict greater construct accuracy. However, the terminology used in the original study will be prioritized when reporting previous results from existing literature. Therefore, the terms verbal, emotional and psychological abuse and violence used when describing research literature will refer to IPPA unless otherwise specified. As for the terminology regarding the individual subjected to the IPPA, the term survivor has become more prevalent to reflect a greater spectrum of individual

experiences and promote empowerment. However, to remain consistent with the research literature, the term victim will be used in this dissertation, defined as the individual who has been subjected to oppression, hardship, or mistreatment as a result of the IPPA (Merriam Webster, 2022).

Intimate Partner Psychological Aggression

Definition, Manifestation and Normalization of IPPA

The use of IPPA intentionally or unintentionally serves to attack one's sense of self by causing emotional and/or psychological harm (Shorey et al., 2012). The manifestation of IPPA includes verbal (e.g., derogatory remarks, yelling, threats) and non-verbal behaviours (e.g., stonewalling, restricting access, withholding affection/privileges) in the form of belittling, coercion, social isolation, or control (Baldry, 2003; Shorey et al., 2012). Unlike psychological aggression perpetrated by adults on children, more commonly recognized as a form of aggression due to the power differential, IPPA among adults in consenting relationships can be more challenging to detect or may be more accepted and normalized (Follingstad & Edmundson, 2010; Hannem et al., 2015). In addition, the bi-directionality of IPPA in adult relationships can blur the distinction between victims and perpetrators, thus contributing to the normalization of IPPA in adult relationships (Follingstad & Edmundson, 2010). Studies have corroborated this normalization by demonstrating that IPPA is less likely to be immediately identified and more likely to be overlooked as a form of partner aggression (Arriaga & Schkeryantz, 2015; Goldsmith & Freyd, 2005; Hannem et al., 2015). Due to the lack of immediately visible impacts or proof of harm from IPPA, the benchmark of the aggression relies on the victim's experience. In fact, among the many manifestations of IPPA (e.g., derogatory remarks, name-calling/insults, yelling, threats, stonewalling, restricting access, withholding affection/privileges, social

isolation, humiliation, stalking, using guilt to manipulate, among others), criminal harassment (i.e., threats of harm and stalking), reflect the only acts to be formally recognized as criminal in Canada exposing a potential systemic representation of IPPA normalization (Government of Canada, 2021; Legislative Services Branch, 2019). Since stalking and threats of harm reflect only two of many IPPA behaviours, we can infer that many instances of psychological aggression are not formally reported. The likely gross underestimate of the true prevalence of IPPA is essential to keep in mind while reading the following section on IPPA prevalence.

Prevalence of IPPA

In 2018, Statistics Canada revealed that 11.9% of Canadian women and 11.2% of Canadian men reported having experienced psychological aggression perpetrated by their intimate partner in the last year. In contrast, 3.6% of Canadian women and 3.2% of Canadian men reported being a victim of physical and/or sexual violence by a partner in the last year (Government of Canada, 2021). These statistics suggest that IPPA is nearly three times more prevalent than physical partner aggression in Canada and the most common form of partner aggression in the general population. This ratio regarding the prevalence of IPPA relative to physical and sexual partner aggression is also observed in other countries around the world (Domenech del Rio & Sirvent Garcia del Valle, 2017; Hawcroft et al., 2019; Yuan & Hesketh, 2021). A Canadian study revealed that up to 89% of women and 83% of men from the community reported using IPPA towards their partner, and 85.1% of men and 86.6% of women reported being the victim of IPPA at least once in the last year. Specifically, the average number of IPPA acts perpetrated in the last year was 14 for Canadian men and 19 for Canadian women (Péloquin et al., 2011). The differences in the rates reported by Statistics Canada (Government of Canada, 2021) and those presented in this study can be explained by the increase in severity and

specificity of the items used by Statistics Canada (e.g., revealed/threatened to reveal a partner's sexual orientation, sexual humiliation, being locked/confined in a space, physical stalking, withholding access to employment or money), while Péroquin's study used broader items drawn from a validated measure (the Revised Conflict Tactics Scales; Straus et al., 1996). As a result, Péroquin's study includes a wide range of IPPA behaviours and, therefore, likely depicts a more representative picture of the IPPA prevalence.

Beyond demonstrating the frequency of IPPA, these statistics also point to its bi-directionality amongst couples. In fact, some studies reveal that over 74% of community couples report bi-directional aggression (Começanha et al., 2017; see Langhinrichsen-Rohling et al., 2012). In sum, the prevalence and bi-directionality of IPPA demonstrate the scope of the issue, highlighting the importance of focusing on this phenomenon (Jose & O'Leary, 2009).

IPPA and Other Forms of Couple Aggression

In addition to the empirical recognition of the co-occurrence between physical and psychological forms of aggression (Strauchler et al., 2004; Swan & Snow, 2003), psychological aggression has also been shown to be a precursor for more severe forms of partner aggression. For instance, a study conducted by Outlaw (2009) revealed that the presence of psychological aggression (i.e., insults, put-downs, name-calling, public embarrassment, social isolation) doubled the likelihood of co-occurring physical violence. Considering the prevalence and co-occurrence in the relationship between psychological aggression and physical aggression, IPPA could be considered a "starting point" in developing more severe forms of aggression. This data highlights the role of IPPA in the cycle of aggression and underlie the importance of understanding it independently of other types of couple aggression.

Consequences of IPPA

Generally, aggression by intimate partners does not only ravage the underpinnings of the relationship, threatening the safety, security and trust between two individuals, but it can lead to an array of adverse health outcomes for both victims and perpetrators (see Bacchus et al., 2018; see Hawcroft et al., 2019; Ulloa & Hammett, 2016). Empirical research has shown that in some cases, IPPA is associated with more significant long-term damaging effects on victims relative to other forms of partner aggression (Estefan et al., 2016; Lawrence et al., 2009). For example, qualitative studies of women who experienced physical and emotional abuse reported that verbal assault was more distressing than physical abuse (Henning & Klesges, 2003). In addition, quantitative studies that controlled for other types of partner aggression revealed that IPPA victimization predicted greater rates and more persistent symptoms of depression (Al-Modallal, 2012; Começanha et al., 2017; see Lagdon et al., 2014; Yuan & Hesketh, 2021), anxiety (Al-Modallal, 2012; Começanha et al., 2017; Domenech del Rio & Sirvent Garcia del Valle, 2017; Lagdon et al., 2014), physical ill health (Domenech del Rio & Sirvent Garcia del Valle, 2017; Taft et al., 2006), psychological distress (Hill et al., 2009; Romito et al., 2005), post-traumatic stress (Basile et al., 2004; Começanha et al., 2017; see Lagdon et al., 2014) and limited social functioning (McCaw et al., 2007).

Relative to the consequences of IPPA victimization, those associated with IPPA perpetration are much less studied. Despite a plethora of research literature on risk factors (i.e., characteristics associated with an increased likelihood of intimate partner aggression perpetration), little research has explored the impacts of perpetrating partner aggression on wellbeing. Research focusing on IPPA perpetration specifically, separate from other forms of partner aggression, is even scarcer, making it difficult to distinguish the exact impact of each type of perpetrated aggression. However, a few studies have focused on the mental health

outcomes of bidirectional couples' aggression (i.e., victims and perpetrators), including psychological and physical forms of aggression. One study on 14,063 Canadians revealed that individuals affected by bidirectional IPPA reported an increased prevalence of depression for both partners (Graham et al., 2012). Victims of intimate partner aggression report high rates of depression, anxiety and stress. However, while studies also distinctly report that perpetrators experience a greater prevalence of depressive and anxious symptoms relative to the general population, it is not clear whether partner aggression perpetration leads to symptoms of ill mental health, whether symptoms of ill mental health contribute to intimate partner aggression, or both (Graham et al., 2012; Sesar et al., 2016; Ulloa & Hammett, 2016). In addition, some studies report an equal or similar prevalence of adverse health outcomes in both the victims and the perpetrators of aggression (Vaeth et al., 2010; Ulloa & Hammett, 2016). Notably, if clinical symptoms are more present in individuals who use partner aggression and those victimized by it, the symptoms are likely worse for those experiencing both roles. In other words, no one benefits from exposure to IPPA as its victimization and perpetration are associated with some level of distress, warranting further investigation of bi-directional IPPA.

In sum, IPPA is an important and prevalent issue and can lead to an array of short and long-term consequences for victims and perpetrators. Attempting to make sense of where IPPA originates is essential to obtain a fuller picture of couples' aggression. The following section presents different theoretical frameworks of partner aggression.

Theories and Research on Partner Aggression

Several theories explore the etiology and functions of using aggression in intimate relationships. Partner aggression is a multifactorial phenomenon that is best understood through a panoply of perspectives and approaches, each of which sheds light on its key explanatory

elements. However, it is essential to keep in mind that these developed theories heavily rely on models of physical forms of aggression. Therefore, the following section will discuss theories of aggression and violence that include but are not limited to psychological aggression.

Attachment Theory

Supported by a wealth of research literature, attachment theory provides a framework that explains how systematic failures to meet our deeply rooted need for connection and safety at any age results in an array of adverse outcomes in nearly all aspects of ourselves, from the development of personality to physical health (see Ravitz et al., 2010). Bowlby (1988) formulated this theory under the premise that children have innate responses based on their fundamental need for comfort and safety (e.g., reaching for caretakers when in distress) that are then shaped by their caretakers' ability to meet these needs. Over time, children develop patterns of responses to their caretakers that will influence their cognition, affect and behaviour in relationships. For example, consistent positive experiences of being soothed and comforted by an accessible and responsive caretaker allow children to develop a sense of safety that fosters the development of a secure attachment (Bowlby & Holmes, 2005). When securely attached, children can safely explore the world, cultivate adaptive strategies to regulate their emotions and seek relationships that continue to meet their needs in adulthood (Bowlby & Holmes, 2005). Conversely, insecure attachment results from the inability to feel safe or from experiencing inconsistent or absent emotional support from a caretaker (Bowlby & Holmes, 2005). Children who have been denied a secure attachment bond may protest their unaddressed needs by using secondary strategies known as hyperactivating and/or deactivating strategies. Hyperactivating strategies refers to heightened emotional reactions (e.g., intensifying their attachment behaviours) to obtain proximity to the attachment figure. Deactivating strategies refer to the

inhibition of emotional reactions to avoid experiences of rejection from attachment figures and therefore maintain proximity with them (Cassidy, 1994; Cassidy & Kobak, 1988). Attachment theorists suggest that these working models eventually generalize to other relationships throughout life, as children grow and transfer attachment-related templates to others, orchestrating relational development and emotional functioning that guides adult relationships (Gillath et al., 2016; Mikulincer & Shaver, 2016).

The present doctoral research dissertation adheres to Brennan and colleagues' s (1998) conceptualization of adult romantic attachment, organized on a two-dimensional continuum of attachment anxiety (i.e., sensitivity and vigilance of threats to security or cues of rejection) and attachment avoidance (i.e., discomfort with closeness, or difficulty relying on others for support). An individual's levels of attachment anxiety and attachment avoidance are defined by significant attachment experiences and determine the security of one's attachment (Brennan et al., 1998; Mikulincer & Shaver, 2016). Low levels of attachment anxiety and avoidance describe a secure attachment, while elevated levels of either or both dimensions define an insecure attachment. The use of aggression as a sub-optimal hyperactivating or deactivating strategy to navigate unmet attachment needs has been corroborated by several studies that have established a strong association between perpetration of intimate partner aggression and insecure adult attachment (i.e., high levels of attachment anxiety and/or attachment avoidance; see Lussier et al., 2017; Spencer et al., 2021; Velotti et al., 2018). The association between partner aggression victimization and both dimensions of insecure romantic attachment has also been empirically corroborated (see Lussier et al., 2017; see Spencer et al., 2021; see Velotti et al., 2018).

Social Learning Theory

In his research, Bandura (1971; 1973) demonstrated that aggression could be the result of a behaviour learned through modelling and exposure, referred to as social learning theory. This theory suggests that we adopt new behaviours by observing and imitating others and that these imitations can take place long after the initial behaviour has been observed. In the context of aggression, adult aggressive behaviours could result from either witnessing aggression as a child or being a victim of it, leading to a general acceptance of aggression as a means of conflict resolution (see Lewis & Fremouw, 2001). Much research has corroborated these results and has established that childhood interpersonal trauma, including witnessing violence as children, can strongly predict intimate partner aggression in adulthood (see Godbout et al., 2019; Li, 2022; Powers et al., 2020). This theory could also explain, in part, intergenerational violence, the passing down of aggression perpetration or victimization throughout generations (Bell & Naugle, 2008; Black et al., 2010; Li, 2022; Powers et al., 2020). However, social learning theory does not adequately explain how some individuals who witness violence as children do not grow up to experience or perpetrate partner aggression in adulthood, suggesting the presence of other contributing factors.

Intrapersonal and Interpersonal Theories

Intrapersonal theories explain how individual differences can play a role in the use of aggression towards one's intimate partner. Intrapersonal factors include predispositions and personality traits that serve as risk factors for intimate partner aggression. While not all intrapersonal risk factors of intimate partner aggression perpetration reflect pathological traits, many do. For instance, impulsivity, reactivity, difficulty regulating one's emotions (i.e., such as anger), and negative attributions are known to increase susceptibility to interpersonal aggression and have all been associated with mental health diagnoses, such as borderline personality

disorder (see Lussier et al., 2017). Borderline personality disorder and psychopathy traits have been found to be highly predictive of intimate partner aggression perpetration and its frequency (Cunha & Gonçalves, 2021; Dutton, 1994; Dutton & White, 2012; Holtzworth-Munroe & Stuart, 1994). In addition, the use of drugs and alcohol, which has also been established as a coping strategy for individuals who struggle with emotion regulation, are intrapersonal factors that have also been identified as a strong correlate of partner aggression (Cafferky et al., 2018; Kober, 2014). Similarly to the limitation of social learning theory, an intrapersonal factor can contribute to IPA perpetration in one individual and not in another. While this could be explained by the unique combination of- and interaction between different intrapersonal factors, it can also be explained, in part, by interpersonal theories.

Interpersonal theories focus on the dynamics associated with intimate partner aggression that involve both partners. Riggs and O'Leary (1989; 1996) developed a two-part explanatory model of partner aggression, the background/situational model. Analogous to the intrapersonal theories, the background component describes information regarding the perpetrator's historical, societal, and individual traits (e.g., childhood trauma, psychopathology, personality characteristics). However, the second component includes the complementary role of interpersonal factors in partner aggression, including relationship discord, relationship satisfaction, intimacy levels, problem-solving skills, and communication styles (Riggs & O'Leary, 1989). The interpersonal theories address the dyadic process in which intimate partner aggression occurs. More specifically, each partner brings a unique set of relational experiences to their current relationship that shapes the couple's ability to communicate, problem solve and other key features that directly influence relational satisfaction and discord, consequently increasing the likelihood of partner aggression. Since the development of Riggs and O'Leary's

(1989; 1996) model, much empirical evidence has supported the association between these interpersonal factors and partner aggression (see Bell & Naugle, 2008; see Stith et al., 2008; Ulloa & Hammett, 2015). However, while the interpersonal theories account for these dyadic processes, they still present some ambiguity regarding which combination of factors would lead some dissatisfied couples to report aggression and others not.

Feminist and Socio-Cultural Theories

Historically, the feminist or patriarchal model has been a prominent socio-cultural theory of intimate partner aggression. This model suggests that partner violence results from male oppression of women, which stems from a sexist, patriarchal structure in which men use aggression to control and dominate women (Dobash & Dobash, 1979; Walker, 1979). Furthermore, research has supported that the more men adhere to values of traditional gender roles, the more their partner is at risk of intimate partner aggression (see Semahegn et al., 2019; Herrero et al., 2017). An adjacent socio-cultural theory is the power theory, also embedded in cultural gender-role values. Theories based on concepts of dominance and power understand intimate partner aggression as a mean to maintain hierarchy in the family dynamic (Straus, 1976). According to this theory, the most powerful partner will use aggression to sustain dominance and power in the family unit (Straus, 1976). Research findings have supported this theory by demonstrating that more significant power disparities among romantic partners place the less powerful partner at increased risk for intimate partner aggression victimization (Sagrestano et al., 1999; Straus, 1977). Congruently, further evidence supports less intimate partner aggression in more egalitarian couples (see Eggers del Campo & Steinert, 2020; Ozaki & Otis, 2017). However, those theories are not immune to dynamically changing societal norms. For example, the rise of women in the workplace in western culture has resulted in a heavy shift

in gender roles and thus power dynamics in intimate relationships. Furthermore, recognizing same-sex marital unions via the Canadian Civil Marriage Act in 2005 has released some previously stringent traditional gender-specific roles. Therefore, theories reliant on outdated roles would need to be adjusted to address the array of contemporary intimate relationships. In addition, while it has been shown that men are more likely to perpetrate physical and sexual aggression in clinical samples (O'Leary & Slep, 2012; Shorey et al., 2012), research has demonstrated that in the general population, there are no gender differences in terms of who perpetrates psychological aggression (Cénat et al., 2022; Centers for Disease Control and Prevention, 2018). Consequently, these models may not extend to the contemporary use of intimate partner aggression or psychological aggression and neglect to explain the non-gender-specific use of psychological aggression. Partner aggression occurs in all cultures and has likely occurred since the beginning of time (Mallory et al., 2016). For these reasons, theories that only apply to specific historical contexts may only identify circumstantial or more superficial factors of intimate partner aggression rather than explain the core processes perpetuating it.

In summary, numerous theorists have attempted to make sense of intimate partner aggression using different lenses. While each theory has empirical support, they also have limitations. Each of the aforementioned theoretical framework reveals pieces of a larger puzzle, but individually, many of these theories fail to accurately represent the dynamic context of IPPA. A critical element to understanding IPPA is to consider its context, and part of this context includes an individual's understanding of their use of aggression.

Justifications

Conceptualization of Justifications in the Context of Aggression

When it comes to the study and literature on the foundational processes that drive one's behaviour of aggression towards their intimate partner, the term "motive" is commonly used. However, motives or motivations for a behaviour suggest an accurate report of events, neglecting to account for recall biases and assuming the presence of insight into why an individual used aggression towards their partner (Neal & Edwards, 2017). The term "justification" addresses these limitations by portraying the self-reported interpretations of the reasons for engaging in aggression, permitting the identification of cognitive schema that favors the use of aggression. In sum, the distinction lies in the factor driving behaviour (i.e., "motives") versus one's understanding of why the aggression took place (i.e., "justifications"; Neal & Edwards, 2017). For these reasons, the term "justification" will be used in the current dissertation, conceptualized as one's explanation, rationalization, or interpretation of attributions for engaging in a behaviour (Lowell, 2012). However, when reviewing the theoretical or empirical literature, the original terminology used in the literature will be prioritized. Therefore, the terms rationalization or moral rationalization will be used to refer to justifications.

Relevance of Investigating Justifications in the Context of IPPA

The investigation of self-reported justifications offers a unique opportunity to access an individual's underlying cognitive process and overall understanding of their behaviours of aggression towards their intimate partner. This person-centered approach provides distinct access to information that can directly impact the assessment and treatment of partner aggression, such as an individual's degree of accountability in their behaviour (LaTaillade et al., 2006). In addition, exploring one's justification for the use of partner aggression can be used to evaluate the likelihood of recidivism, compliance with psychological treatment, the appropriateness of particular treatment modalities, and overall treatment efficacy (see Daly & Pelowski, 2000;

Carbajosa et al., 2017; Sheehan et al., 2012). Moreover, empirical literature reveals that justifications are directly linked to the frequency, severity and type of the intimate partner aggression used (see Neal & Edwards, 2017; Kelley et al., 2015; Ross & Babcock, 2009; Whitaker, 2014). For instance, justifications that involve notions of retaliation or control (e.g., “To make my partner do what I wanted”, “To show who is boss”), are associated with greater rates of physical rather than psychological aggression (Whitaker, 2014), and justifications pertaining to emotion dysregulation are associated with greater frequency of aggression (Kelley et al., 2015). The type of justification used has also been associated with different mental health diagnoses. For example, justifications including emotion dysregulation are related to bipolar disorder and antisocial personality disorder, while justifications that refer to an attempt at controlling one's partner are only associated with antisocial personality disorder (Ross & Babcock, 2009). Therefore, the assessment of justifications for the use of partner aggression reflects a highly relevant avenue of research to better understand IPPA and yield important clinical utility.

Theories on the Processes Underlying Justifications

Several theories have been developed to explain the processes underlying justifications, applicable but not specific to IPPA. A leading theory on the function and use of justifications is Festinger's (1957) theory of cognitive dissonance. Cognitive dissonance explains a state in which an individual's thoughts, beliefs or values are inconsistent with their behaviours, causing inner tension and discomfort. For example, in the context of IPPA perpetration, cognitive dissonance may arise in the contradiction of harming someone with whom an individual has a loving or intimate relationship. Based on cognitive dissonance theory, the more significant the discrepancy between one's behaviours and values, the greater the discomfort experienced. In

response to the discomfort from the pressure to reduce the dissonance, one of three strategies can be used to appease inner turmoil and achieve consonance: changing one's actions, changing the situation, or adding a new cognition that is more consistent with one's values or beliefs, such as a justification. The latter strategy, cognitive in nature, relieves the dissonance more rapidly and less effortfully relative to behavioural changes involved in changing one's actions or the situation. This cognitive strategy to reduce the dissonance is also referred to as moral rationalization, a process in which an individual adds a cognition to reconstruct or reinterpret a behaviour (e.g., use of IPPA) to regain alignment with their values, thus reducing the dissonance and its consequent discomfort while also preserving a moral and positive view of self (see Tsang, 2002).

Another theoretical framework supporting the use of justifications is Steele's (1988) theory of self-affirmation, anchored in the notion that all individuals aim to maintain a positive view of the self as good. In the lens of self-affirmation theory, justifications serve to re-establish a positive self-evaluation (Steele, 1988). As opposed to cognitive dissonance, self-affirmation theory understands that the discomfort of the inner experience is caused by a threat to one's sense of integrity rather than a discrepancy between behaviours and cognitions (Tsang, 2002). Tsang (2002) explained that moral rationalization stemming from moral dissonance aims to justify a harmful behaviour as moral and harmless, while moral rationalization stemming from self-affirmation can include admittance of wrong-doing if it can be overshadowed by predominantly confirming their goodness and integrity. Since moral dissonance accounts for the moral self-concept, a critical aspect of justifying a harmful behaviours such as aggression, it provides a more encompassing explanation for the use of moral rationalization (Mulder & van Dijk, 2020; Tsang, 2002).

Other theories that speak to the self-preservation function of justifications and that are not mutually exclusive with cognitive dissonance include Todorov (1996)'s theory of fragmentation and Kunda's (1990) theory of motivated reasoning. The theory of fragmentation explains how an individual separates the self (e.g., "good self", "bad self") to rationalize their harmful behaviours and preserve a positive and moral view of themselves (Todorov, 1996). An example of fragmentation in the context of IPPA could be the compartmentalization of the self in the home versus outside of the home. For instance, a friendly and respectful demeanour in social contexts is used to undermine the fact that an individual engages in IPPA in the home, allowing for the preservation of an overall positive self-concept. Kunda's (1990) theory of motivated reasoning postulates that an individual already has a preferred conclusion when approaching an interaction, consequently distorting their cognitions toward the desired outcome. Motivated reasoning involves seeking information supporting existing beliefs and dismissing information that could challenge them. In sum, similar to theories of partner aggression, theories on the processes underlying justification likely complement one another to more extensively explain the function of justifications. These theories also highlight the dual purpose of justifications that serve to not only rationalize one's behaviour to others but also ourselves (Tsang, 2002).

The Role of Justification in the Escalation of Harmful Behaviours

As discussed above, justifications are closely tied to one's cognitions and behaviours, but they also play a role in the maintenance and escalation of harmful behaviours. The theories of moral dissonance and rationalization not only provide an explanation for the psychological underpinnings of justifications but also provide a theoretical framework for how these justifications contribute to and facilitate the escalation of harmful behaviours such as IPPA. Based on these theories, when a justification successfully reduces one's moral dissonance, it must

be maintained to continue being beneficial. In other words, an individual is more likely to continue to engage in the harmful behaviour under the premise that if they do not, it will oppose their previously used justification, implicitly admitting wrong-doing and returning to a state of inner-dissonance. Upholding the behaviour and its justification allows an individual to maintain a state of non-dissonance (i.e., consistency between behaviours and one's values or beliefs; Tsang, 2002).

A historical example of this phenomenon is Milgram's (1974) experiment on obedience, in which participants were asked to administer electric shocks in increasing intensity to strangers. One of the theorized mechanisms at play in the participant's continued administration of electric shocks was that ceasing the shock administration would mean that previously administered shocks were wrong while continuing to administer the shocks neutralized the wrongness of the earlier shocks. A series of studies (Martens et al., 2007; Martens et al., 2010; Martens & Kosloff, 2012) have empirically tested the role of justification in reducing cognitive dissonance using bug-killing paradigm experiments. After controlling for the de-sensitization of the physical practice of bug-killing, results demonstrated that after killing five bugs or more, participants increased bug-killing to justify the permissibility of the prior killings, providing compelling evidence of the effects of justifications on the promotion of harmful behaviours. Mulder and van Dijk (2020) conducted three studies experimentally testing the causal influence of rationalization (i.e., justifications) on the continuation and escalation of harmful behaviour directly by explicitly asking participants to engage in justifications for past actions. The three independent studies revealed that engaging in rationalization caused subsequent continuation and escalation of previous behaviours (Mulder & van Dijk, 2020). Moreover, the results also reveal that these post hoc justifications for past behaviours may contribute to the manifestation of more extreme

versions of the initial behaviour as well as new behaviours related to the past transgressions. In other words, Mulder and van Dijk (2020) suggest that justifications can escalate a behaviour and that the escalation may transfer to other domains of behaviour. This could suggest that justifications not only maintain but also contribute to the escalation of the aggression to more severe IPPA or potentially transfers into other forms of partner aggression, highlighting its influential role in the overall cycle of aggression. In sum, investigating justification in the context of IPPA is a highly relevant avenue of research that has the potential to not only contribute to the general understanding of IPPA, but could also yield important clinical implications.

Measuring IPPA Justification

Multiple measures have been developed to assess justifications for the use of partner physical aggression, such as the Intimate Partner Violence Responsibility Attribution Scale (Lila et al., 2014), the Reasons for Violence Scale (Stuart et al., 2006), the Motives and Reasons for IPV Scale (Swan & Sullivan, 2002), the Motivation and Effects Questionnaire-modified (Leisring et al., 2013), among others. However, to our knowledge, only a few measures have been developed to evaluate justifications of IPPA specifically. The Justification of Verbal/Coercive Tactics Scale (JVCT; Slep et al., 2001) assesses the justification for three types of psychological aggression, including verbal aggression, dominant behaviour and jealous tactics in men and women. The Justification of Cyber-Dating Abuse Questionnaire (Borrajo et al., 2015) assesses a specific type of psychological aggression, cyber partner aggression and includes two scales: direct aggression and monitoring/control using electronic devices. Olson and Lloyd (2005) developed a way of assessing verbal partner aggression and other types of partner aggression to study women's justification for intimate partner aggression. Lastly, the

Justification for Partner Psychological Aggression Scale (JPPAS), developed by Lafontaine et al., (2023), offers a validated scale of IPPA that, unlike the aforementioned measures of IPPA, was validated with community and clinical samples, men and women and in French- and English-speaking participants. The definitions of psychological aggression used in this dissertation uses the same definition of psychological aggression as established by Lafontaine et al., 2023. Based on these reasons, the JPPAS was chosen as the measure and conceptualization of justification used in the two studies presented in this dissertation. The following section will provide a more detailed presentation of the JPPAS.

The Justification for Partner Psychological Aggression Scale

The JPPAS (Lafontaine et al., 2023) consists of a theoretically driven and psychometrically sound measure and model that focuses exclusively on the justifications for the use of IPPA. More specifically, it assesses how individuals provide meaning to their past use of IPPA, drawing on major theoretical frameworks in intimate partner aggression described earlier (i.e., violent socialization, intrapersonal and interpersonal, feminist and socio-cultural theories). It includes a list of 18 acts of IPPA and presents 24 possible reasons for using these behaviours, including the individual's history, the triggers of the aggression and its function. Higher scores on the scales indicate a greater likelihood of using psychological aggression for that particular reason. The 24 reasons are grouped into seven theoretically meaningful subscales of justification for IPPA use: *Malevolent intentions*, *Disagreement with the partner*, *Fear of abandonment*, *Parental modelling*, *In reaction to the partner's behaviour*, *Depressive presentation* and *Personal trait*.

The *Parental modelling* scale taps into the theory of violent socialization (Bandura, 1971) by representing justifications for the use of IPPA that include the experience of psychological

aggression from the respondent's parent(s), witnessing parental aggression and the overall normalization of aggression during the respondent's upbringing. *Fear of Abandonment* refers to the theory of adult romantic attachment, precisely the dimension of attachment anxiety (Brennan et al., 1998), to encompass justifications relating to the respondent's use of IPPA due to their fear of being abandoned, broken up with or losing their partner. The *Malevolent Intentions* scale reflects justifications for the use of IPPA that pertains to the desire to frighten, punish, upset and get back at one's partner and is associated with borderline personality traits, antisocial personality traits, and poor anger management. The scale *Depressive presentation* reflects the respondent's understanding of their use of IPPA due to their personality and pathological symptoms, such as low self-esteem, feelings of depression, and lack of self-assertion. The scale *Personal Trait* also reflects justifications pertaining to the respondent's personality and pathology symptoms but refers to the respondent's impatience, impulsivity and hot-temperedness. *Disagreement with the partner* is a scale that exposes justifications relating to defending one's point of view, wanting the partner to consider one's perspective, differences in opinions between partners and its resulting feelings of frustration. Lastly, the scale *In reaction to the partner's behaviour* is characterized by justifications that pertain to one's interpretation of their use of IPPA as a result of being provoked by their partner, such as their partner: "pushing their limits", having used IPPA towards them, or having said something hurtful. The scales *In reaction to the partner's behaviour*, *Disagreement with the Partner*, and *Malevolent intentions* are all associated with negative attribution, disrespectful and mean-spirited communication, conflict, and dominance.

JPPAS Psychometric Properties

The JPPAS was developed and its psychometric properties tested in a three-fold study (totaling over 1694 participants; Lafontaine et al., 2023). Two preliminary studies aimed at developing the measure using exploratory and confirmatory factor analyses to identify the final justification items and the items screening for the presence of psychological aggression toward the partner. The items were administered to a third community sample (328 individuals: 81 men and 247 women) and subjected to confirmatory factor analyses, including structure invariance across men and women, concurrent validity analyses and the measure's association to social desirability. Fit indices were examined in order to evaluate the model's goodness of fit (i.e., the degree to which the data fit the hypothetical model), including the comparative fit index ($CFI \geq .95$ [90% CI]), the root mean square error of approximation ($RMSEA \leq .06$ [90% CI]) and square root ($\chi^2(p < 0.05$; Browne & Cudeck, 1993). The indices of the confirmatory factor analyses indicated goodness of fit of the seven-factor solution model for the data, $\chi^2(231, N = 328) = 556.68, p < .001, CFI = .92, RMSEA = .07, 90\% CI [.06, .07]$; Hu & Bentler, 1999). Invariance analyses were conducted to ensure that the factorial structure of the JPPAS was equivalent in men and women. A non-significant chi-square difference ($p > .05$) indicates model equivalence, however, the chi-square is highly sensitive to larger samples (Cheung & Rensvold, 2002). The chi-square index was significant: $\Delta\chi^2(17, N = 328) = 38.65, p < .001$, which would be expected considering the sample size (1694 participants). Therefore, the CFI was used as a primary indicator. The CFI supported factorial invariance across men and women for the measurement weights, $\Delta CFI = .005$ (Hu & Bentler, 1999). All subscales of the JPPAS demonstrated good internal consistency. Moreover, construct validity also lent credence to the expected associations among the justifications for using psychological aggression toward the

partner and various measures of theoretically supported correlations of intimate partner aggression such as anger and communication (Straus et al., 1999).

Overall, results suggest that the JPPAS is a psychometrically sound and relatively brief measure that could be used in research and clinical settings. Furthermore, its use has been validated in men and women, community and clinical samples, and the French and English languages, demonstrating its versatility across populations (Lafontaine et al., 2023). From the 1694 participants involved in the validation of the JPPAS, 162 were also used in the first study presented in the dissertation. Lastly, the seven JPPAS scales can be conceptually organized into justifications related to oneself (i.e., internal justifications) and those relating to external factors (i.e., external justifications), which permits further interpretations of the results. Based on these reasons, the JPPAS was chosen as the measure and conceptualization of justification used in the two studies presented in this dissertation.

The Present Dissertation

The present dissertation is composed of two studies with complementary methodological and analytical approaches that aim to explore the role of self-reported justifications for using IPPA. The following section will present the objectives of each study and their individual and combined contribution to the existing empirical knowledge and literature on the phenomenon of intimate partner aggression. The implications stemming from the results of the dissertation research are relevant to men and women who use varying frequency and severity of IPPA, as well as mental health service providers.

Study 1

The first study explored the associations between the quality of adult romantic attachment and how individuals justify their use of IPPA in the dyadic context of community couples. More

specifically, an actor-partner interdependence model was used to investigate the association between each partner's levels of attachment anxiety and attachment avoidance and their use of justifications for engaging in IPPA. Based on the nature of their items, the seven scales of the JPPAS were conceptually organized into two classifications: internal and external justifications. A total of 81 mixed-sex couples who reported using IPPA in the last year completed self-reported questionnaires on adult romantic attachment and the justifications for their use of IPPA. The hypotheses were based on the theoretical framework of attachment and the empirical research conducted on other forms of partner aggression. In congruence with the empirical literature highlighting associations between attachment anxiety and the tendency to direct shame, anger, and criticism toward the self when in conflict with a partner (Mikulincer & Shaver, 2005; Nisenbaum & Lopez, 2015), it was hypothesized that greater levels of attachment anxiety would be associated with greater use of internal justifications (i.e., justifications based on the self). The literature also depicts associations between attachment avoidance and self-preserving positive models of the self and a negative model of others, which can lead to individuals re-directing blame towards their partner rather than themselves (Cassidy & Shaver, 2002; Nisenbaum & Lopez, 2015). In line with this, it was hypothesized that greater levels of attachment avoidance would be associated with greater use of external justifications (e.g., based on external factors) for using IPPA. In addition, we also anticipated dyadic associations between partners' insecure attachment and justification for IPPA use, as we would expect conflicts to activate both partners' attachment systems, impacting each partner's responses to one another (Bartholomew & Allison, 2006). More specifically, we expected that participants with greater levels of attachment anxiety would be associated with partners' external IPPA justification. This hypothesis is based on the rationale that overt emotional responses associated with attachment anxiety could activate their

partner's tendency to distance themselves from emotional content and deflect responsibility for their use of IPPA on external factors (Bartholomew & Allison, 2006). We also expected participants with greater levels of attachment avoidance to be associated with partners' internal IPPA justification, as the deactivation associated with attachment avoidance during conflict may heighten their partner's tendency to blame themselves for their use of IPPA (Bartholomew & Allison, 2006).

This study's novelty is reflected in the combination of the variables used and their investigation in a dyadic research design. While the exploration of romantic attachment and IPPA represents a growing body of research, a model focused on its association to self-reported justifications in the dyadic context has yet to be examined, highlighting an important contribution of this study. Moreover, considering the detrimental effects of IPPA and its co-occurrence with- and potentially critical role in the development of more severe forms of aggression, the focus on psychological aggression reflects another important contribution to the existing literature. In addition, the model tested controls for an important co-variate that is rarely accounted for in intimate partner aggression research: the number of different acts of aggression used. A great depth of information can derive from investigating the presence of IPPA in addition to its breadth (i.e., how many different acts of IPPA have been used). Lastly, romantic relationships reflect a dynamic process where both partners continually influence one another. Therefore, having access to both partners allows for sophisticated statistical analysis accounting for the association between one partner's attachment and the other partner's use of justification.

Study 2

The second study sought to investigate justifications for using IPPA by conceptualizing a new typology of men's use of IPPA in 456 men seeking therapeutic services for their couple

relationship problems. This study's objectives and statistical analyses were twofold. First, latent patterns of self-reported justifications for the use of IPPA and frequency of IPPA perpetration in the past year were examined among participants. The typology was largely exploratory, as no typology has been developed using IPPA and its justifications as primary indicators. Based on existing research and theoretical literature, we anticipated that the frequency of the IPPA use would be associated with the endorsement and variety of justifications used (i.e., more varied justifications). Therefore, we expected the latent profile analyses to reveal different profiles of men ranging from less frequent IPPA use and lower endorsement of justifications (i.e., lower Likert-scale scores) to more frequent use of IPPA and higher, more varied endorsement of justifications for its use (i.e., greater scores across multiple justification scales).

The second set of analyses sought to compare the latent profiles stemming from the initial analyses on a multitude of variables theoretically and empirically relevant to intimate partner aggression. These comparison variables were chosen to provide more detailed descriptions of the latent profiles. The variables included: the diversity of perpetrated IPPA (i.e., different forms of IPPA acts), adult romantic attachment (i.e., attachment anxiety, attachment avoidance), relationship satisfaction, anger management (i.e., state-anger, trait-anger), psychopathy (i.e., primary and secondary traits), childhood interpersonal trauma (i.e., presence, severity), current weekly use of drugs and alcohol, being the recipient of an active restraining order, and the participants' means of reference to the recruiting organization (i.e., self-referred or externally-referred). It was anticipated that the higher frequency of IPPA and higher endorsement of justifications scales would be associated with lower relational and psychological functioning, including greater levels of insecure romantic attachment, anger, relationship dissatisfaction,

psychopathy, childhood trauma, substance and alcohol use, rates of an active restraining order against participants, and participants referred to the recruiting organization by external sources.

The study's originality is reflected in the combination and novel use of variables included in the typology and the unique nature of the samples studied. Existing typology research commonly combines multiple forms of abuse (e.g., physical, sexual, psychological), allowing the identification of an impressively broad range of characteristics differentiating an individual's use of intimate partner aggression. Although highly informative, the breath of these identified differentiating characteristics may have come at the cost of their deeper comprehension. Looking at multiple forms of intimate partner aggression may have blurred our understanding of which differentiating feature is allocated to which types of aggression (e.g., physical, psychological). Creating a typology focusing exclusively on psychological aggression allows a clear depiction of the subtle but key individual differences at the level of psychological processes that may have been inadvertently overlooked in prior research. Analogous to IPPA, while a few typologies include justifications for the use of partner aggression, none, to our knowledge, focus on these justifications in relation to psychological aggression specifically and include both IPPA and its justifications as main indicator variables in creating the typology. In addition to contributing to the IPPA literature, the results of this study can offer relevant clinical utility. Information regarding IPPA and its justifications across different profiles of men can enrich the conceptualization of an individual's use of aggression, increase the effectiveness of the assessment of needs and consequently offer more targeted therapeutic intervention.

The unique nature of the sample used in this study is reflected in what we have coined the “middle-ground” population of men. Samples used in intimate partner aggression research tend to be polarized as either community-based or criminalized samples (e.g., individuals

institutionalized by the criminal justice system for violent behaviour). While both yield compelling research contributions, a third, rarely investigated population, the “middle-ground” population, is not represented by the community or criminalized populations. We believe that studying a sample recruited in an organization providing services to men seeking therapeutic services for their couple relationship problems, including but not limited to problematic use of aggression, represents this "middle-ground" population and offers results applicable to a different spectrum of individuals who use IPPA. This population is characterized by men who may report greater problematic use of aggression than the general community and thus would benefit from additional support, but who may have never faced criminal charges for those behaviours. Arguably, this could also represent a population that would most likely benefit from preventative interventions.

Study 1:

Exploring Insecure Romantic Attachment and Justifications for the Use of Intimate Partner
Psychological Aggression in Couples

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Abstract

Attachment theory has commonly been used to examine intimate partner psychological aggression (IPPA), but few studies have examined its association with self-reported justifications for one's own use of IPPA. Behaviours, including the use of IPPA, are influenced, maintained, and function within the context of their justifications, highlighting the importance of investigating these justifications to obtain a clearer picture of IPPA. This study examined whether insecure romantic attachment (i.e., attachment anxiety and attachment avoidance) in both partners of a couple was associated with their justifications for their own use of IPPA. A community sample of 81 mixed-sex couples who reported using IPPA in the last year completed self-reported questionnaires on adult romantic attachment and their justifications for their use of IPPA. Results of a path analysis based on the actor-partner interdependence model revealed moderate positive associations between attachment anxiety and one's use of internal and external justifications for their IPPA perpetration in men and women. The model also uncovered a moderate positive association between men's attachment avoidance and women's endorsement of external justifications for their IPPA use (i.e., partner-effect). These results suggest that the use of justifications for one's use of IPPA may reflect a strategy of hyperactivation that could contribute to the cycle of psychological aggression. Uncovering the function of these justifications could provide important therapeutic benefits, which are discussed in the study's implications.

Keywords: intimate partner psychological aggression, aggression, justification, romantic attachment, couples, dyadic, APIM

Exploring Insecure Romantic Attachment and Justifications for the Use of Intimate Partner Psychological Aggression in Couples

The pervasiveness of intimate partner aggression (IPA) offers a glimpse into a complex and dynamic experience reflecting the reality of numerous couples. Research has shed some light on the phenomenon of IPA; however, its sustained prevalence and detrimental consequences warrant further investigation of aspects related to IPA that received less empirical attention, such as reasons individuals provide to justify its use. Empirical research has demonstrated that justifications play a crucial role in the maintenance and escalation of negative behaviours (e.g., Mulder & van Dijk, 2020), highlighting their potential importance in the cycle of aggression. While research has demonstrated that insecure adult romantic attachment is robustly associated with the use of aggression (see Spencer et al., 2021), to the extent of our knowledge, no study has investigated whether it is also associated with the justifications for the use of intimate partner psychological aggression (IPPA). The current study examined whether insecure romantic attachment (i.e., conceptualized by dimensions of attachment anxiety and attachment avoidance) is associated with one's own justifications for using IPPA in both partners of a couple. The contribution of this study to the literature is twofold. First, it contributes to knowledge on dyadic associations between adult romantic attachment and IPPA justifications, shedding some light on the role of these justifications in the cycle of aggression. Second, the findings provide clinical utility in the treatment of individual or couples who use IPPA during conflict.

The current study focused exclusively on IPPA, defined as behaviours intended to cause emotional and/or psychological harm, including verbal (e.g., insults) or non-verbal behaviours (e.g., destroying possessions) to belittle, coerce, isolate, or control the partner (Shorey et al., 2012). The lack of research focusing solely on psychological aggression could suggest a

systemic problem of minimizing or normalizing IPPA as a form of abuse (Goldsmith & Freyd, 2005; Hannem et al., 2015). This could explain why victims of nonphysical aggression are less likely to consider themselves as having experienced abuse (Goldsmith & Freyd, 2005). In Canada, physical and sexual violence are considered crimes, while most forms of psychological aggression, other than threats of harm and criminal harassment (e.g., stalking), are not formally recognized as such (Government of Canada, 2019). Yet, IPPA is the most common type of abuse in romantic relationships and tends to precede or co-occur with other forms of aggression, such as physical or sexual violence (Center for Disease Control and Prevention, 2019). While all forms of IPA can lead to serious impacts, IPPA has been shown to cause severe long-term damaging effects on individuals, which can correspond to, or supersede physical aggression (Lawrence et al., 2009; Jordan et al., 2010).

Justifications for the Use of Intimate Partner Psychological Aggression

Justifications can be defined as one's explanation, rationalization, or interpretation of attributions for engaging in a behaviour (Lowell, 2012). Post hoc justifications for negative behaviours are strategies used to reduce moral dissonance (Festinger, 1957; Mulder & van Dijk, 2020), characterized as conflicting or misaligned behaviours and morals. The moral dissonance of IPA perpetration is reflected in the conflicting notion of harming an individual that one has a loving or intimate relationship with. The more an individual's actions conflict with their values, the more they experience the dissonance as distressing, feeling a greater sense of urgency to reduce it (Lowell, 2012; Tsang, 2002). Reducing the dissonance can be achieved by either changing one's behaviour or, more commonly, by changing the narrative or interpretation of the situation using justifications, often occurring without explicit awareness. Re-interpreting a situation using justifications relieves the dissonance more rapidly and less effortfully relative to

behavioural changes and serves to protect or buffer from the guilt, shame, and anxiety of having violated moral standards (Lowell, 2012; Tavris & Aronson, 2020; Tsang, 2002). Theorists have highlighted the potential for justifications to create an “amplifying feedback loop” (p. 1; Lowell, 2012), in which the internalization of the justification leads to an amplification of the negative behaviour and unavoidable repetition of the cycle (Lowell, 2012; Tenbrunsel, 1995). As this cycle repeats, the more the perpetrators are to distort their perception of the environment or of others’ behaviours to justify their actions (e.g., “they provoked me”; Tenbrunsel, 1995). Empirical research has supported the role of justifications in the maintenance and escalation of negative behaviours (Martens et al., 2010; Mulder & van Dijk, 2020; Welsh et al., 2015). This suggests that IPPA is likely highly influenced, maintained, and functions within the context of their justification, highlighting the importance of investigating justifications as part of the cycle of aggression to obtain a clearer picture of IPPA.

Considering that individuals will provide justifications for a behaviour when asked, the current study is particularly focused on exploring what type of justifications will be provided for the use of IPPA and how these justifications are associated with romantic attachment. The literature does not offer a comprehensive classification of justification. While there are different ways to classify justifications, the current study used Festinger and Carlsmith (1959)’s framework of internal and external justifications to classify the seven scales of the JPPAS into larger, two-group classifications. In the context of the current study, internal justifications for one’s use of IPPA include those that refer to an individual’s own attributes (i.e., malevolent intentions, fear of abandonment, depressive presentation, and personal traits), and external justifications include those that pertain to others or relationships with others (i.e., disagreement with one’s partner, parental modeling, or in reaction to the partner’s behaviour).

Attachment Theory

Formulated by Bowlby (1969/1982), attachment theory suggests that children develop a behavioural system that orchestrates a series of responses to one's caretaker to maximize the likelihood of survival. This attachment system evolves based on the caretaker's ability to meet the child's needs for protection, comfort, support, and relief. This ultimately shapes the child's working models of self (e.g., as deserving love), and working models of others (e.g., as available, responsive; Mikulincer & Shaver, 2005). Analogous to the attachment system in children, adults typically turn to their romantic partner for support, protection, validation, and comfort (Brennan et al., 1998). Based on the theory, it is hypothesized that the same system that fosters the bond between a child and their caretakers is responsible for the emotional and intimate bond found in adult's romantic relationships, referred to as *adult romantic attachment* in adulthood.

Romantic attachment is conceptualized using a two-dimensional continuum of attachment anxiety and attachment avoidance (Brennan et al., 1998; Mikulincer & Shaver, 2016). Adults with high attachment anxiety and/or attachment avoidance are considered to have an insecure attachment to their partner, depicted by negative working models of self and/or others (Bartholomew & Horowitz, 1991). Adults with high attachment anxiety tend to have a negative view of themselves (e.g., feelings of unworthiness) and fear rejection and/or abandonment from their romantic partner in times of need (Mikulincer & Shaver, 2016). These individuals are likely to use hyperactivating strategies in response to these fears, such as: drawing attention to intensified emotional reactions, a desire for excessive proximity, constant need for reassurance, and hypervigilance of any sign of their partner's emotional distancing (Johnson, 2019; Mikulincer & Shaver, 2016). Adults who display elevated attachment avoidance experience discomfort with intimacy, struggle to rely on others and consequently, repress their natural desire

to seek support when in distress (Bartholomew & Horowitz, 1991; Mikulincer & Shaver, 2016). These individuals tend to use deactivating strategies to regulate their emotions, which aim to minimize distress and hinder emotions that would activate their attachment system. These strategies are used to divert attention away from emotion-eliciting information and promote excessive over-reliance to avoid being hurt by their partner (Bartholomew & Horowitz, 1991; Gony & van Dulmen, 2016). Low levels of both dimensions of insecure attachment constitute a secure attachment and a positive model of self and others (Mikulincer & Shaver, 2016).

Using Attachment Theory to Understand IPPA and its Justifications

Using the lens of attachment theory, IPPA can be understood as a maladaptive and unsuccessful strategy to cope with distress and desperate attempt to maintain the emotional bond with one's partner (Bartholomew & Allison, 2006). The use of aggression to respond to unmet attachment needs has also been empirically corroborated (Mikulincer & Shaver, 2011; Spencer et al., 2020; Velotti et al., 2020). However, no studies, to the extent of our knowledge, have investigated the associations between attachment insecurity and the justifications for using IPPA exclusively, rather than combining them with justifications for other forms of partner abuse. Nonetheless, attachment theory provides preliminary hypotheses for how justifications may vary depending on an individual's attachment orientation.

Attachment Anxiety. Based on attachment theory, adults with higher attachment anxiety would use aggression as an ineffective and desperate attempt to forcefully obtain greater proximity and restore closeness with their partner (Mikulincer & Shaver, 2011). The aggression likely results in the victimized partner distancing themselves, causing great distress in the perpetrator and fueling a pursuit of the partner and escalation of the aggression (Follingstad et al., 2002; Mikulincer & Shaver, 2011). Although both dimensions of insecure attachment have

been associated with IPA perpetration, including IPPA, attachment anxiety has shown a stronger, more consistent association with IPA relative to attachment avoidance (Follingstad et al., 2002; Gony & van Dulmen, 2016; Spencer et al., 2020; Velotti et al. 2020). Despite the lack of empirical support, attachment theory could suggest an association between attachment anxiety and the use of internal justifications, in which the perpetrator justifies their use of IPPA as a result of internal factors rather than external factors.

Attachment anxiety has been empirically associated with negative models of the self (e.g., undeserving, defective) and tendencies to adulate others (Mikulincer & Shaver, 2005). This is congruent with the empirical literature supporting an association between attachment anxiety and the tendency to direct shame, anger, and criticism towards the self when in conflict with their partner (Mikulincer & Shaver, 2005; Nisenbaum & Lopez, 2015). Directing negative emotions (e.g., anger, criticism) towards the self, rather than towards their partner during a conflict allows anxious individuals to channel their natural tendency of hyperactivation while maintaining the connection to their partner, and without threatening their fundamental need for reassurance and validation from their partner (Mikulincer & Shaver, 2005). Moreover, individuals with high attachment anxiety can have greater dependence to their partner that can lead to over-empathizing with their partner's real or imagined distress, unbalanced self-other differentiation, or difficulties differentiating their partner's welfare from their own, which can aggravate their natural tendency to direct negative emotions and justifications towards themselves during conflicts (Mikulincer & Shaver, 2011). This can be understood as internal justifications, or justifications related to the self (Merriam-Webster, 2020b).

Attachment Avoidance. For adults with elevated attachment avoidance, aggression can be used to push their partner away when levels of intimacy with their partner have exceeded

what they can tolerate (Mayseless, 1991). Contrary to attachment anxiety, preliminary hypotheses based on theory suggest a potential association between attachment avoidance and the use of external justifications, in which the perpetrator justifies their use of IPPA based on external factors (e.g., the partner's behaviours). Attachment avoidance has been associated with self-preserving positive models of the self and a negative model of others as undependable (Mikulincer & Shaver, 2005). Motivated by the fundamental tendency to preserve their model of self and distance themselves from emotionally activating content, individuals with higher attachment avoidance might be more likely to reject acknowledgment of personal responsibility for their partner's distress (Mikulincer & Shaver, 2011; Pistole & Arricale, 2003). This mechanism of self-preservation would lead them to re-direct blame towards their partner rather than themselves (Cassidy & Shaver, 2002; Nisenbaum & Lopez, 2015). Corroborating this, studies have shown that higher levels of attachment avoidance were associated with less self-blame during conflicts, less empathy for the partner, and greater hostility, vengefulness, resentment, and repression of anger towards the romantic partner (Brennan et al., 1998; Péloquin et al., 2011; Shaver & Mikulincer, 2002). This can also be understood as external justifications, or justifications deriving from sources outside of the self (Merriam-Webster, 2020a).

Romantic Attachment and Partner Associations

Dyadic hypotheses are postulated within the premise that conflicts within a romantic relationship would activate both partner's attachment system, impacting each partner's responses to one another (Bartholomew & Allison, 2006). For example, it would be cogent to hypothesize that higher attachment avoidance or anxiety in individuals could be associated with their partner's internal or external justifications of IPPA. The deactivation and lack of emotional responses during conflict might either heighten their partner's tendency to blame themselves for

their own use of IPPA or heighten their partner's tendency to blame others. Similarly, an individual's overt emotional responses could activate their partner's tendency to blame themselves, or to distance themselves from emotional content could be achieved by deflecting responsibility for their own use of IPPA on external factors (Bartholomew & Allison, 2006). Testing these hypotheses empirically might uncover underlying patterns of justifications for the use of IPPA that could point to their different functions based on attachment representations. It is of utter importance to clarify that investigating IPPA in a dyadic context does not suggest that victims are responsible for the aggression they receive or the justification that their partner uses to justify their aggression. Perpetrators of aggression are responsible for their actions under all circumstances. Rather, dyadic research suggests that insecure attachment can be a risk factor for IPPA because the perception of others as unreliable for those with higher attachment avoidance, and the fear of abandonment for those with higher attachment anxiety, results in additional challenges for seeking help or leaving an abusive relationship (see Velotti et al., 2020).

Objectives and Hypotheses of the Study

Relying on the actor-partner interdependence model (APIM; Kenny et al., 2006), this study aimed to expand the current literature on IPPA by investigating the association between internal and external justifications of its use and insecure romantic attachment (i.e., attachment anxiety and attachment avoidance) in both partners. In line with the theoretical framework of attachment and with empirical research, it was expected that higher attachment anxiety would be associated with one's greater use of internal justifications and higher attachment avoidance would be associated with one's greater use of external justifications for the use of IPPA (i.e., actor effects). As for partner effects, we hypothesized that higher attachment anxiety in one participant would be associated with greater use of external justifications by their partner, and

higher attachment avoidance in one participant would be associated with greater use of internal justifications by their partner.

Method

Participants

This study included a final sample of 162 Canadian participants (81 mixed-sex couples). Eligibility criteria included (a) being 18 years of age or older, (b) being in a mixed-sex romantic relationship for a minimum of 12 months, and (c) cohabitating with their partner for a minimum of 6 months. Criteria (b) and (c) were included to increase the likelihood that participants were in a stable romantic relationship. Participants were recruited in 2012, in the general community of a large Canadian city, through advertisements in local newspapers, posters, and brochures posted at a university campus and public facilities (e.g., bookstores, child-care centers, community centers); during university class presentations; on radio advertisements; and at wedding shows. Over half of the participants (53%) identified as common law, 36.9% as married, and 10.1% as dating (i.e., in a romantic relationship without legal status). On average, the participants had been involved in their current romantic relationship for approximately 6 years ($SD = 6.62$) and cohabitating for approximately 4.5 years ($SD = 7.72$). When asked about whether they had children with their current partner (i.e., not account for children from prior unions), approximately 82% of the sample reported having no children, 10% reported one child, 3% reported two children, and 5% reported having three or more children. The average age of participants was 34 ($SD = 14.62$). Most participants reported a university-level education (58.3%), followed by high school (22.6%), general and vocational college (18.5%), and elementary school (0.6%). Most participants reported their main occupation as white-collar employment (61.9%), 11.9% as a student, 8.3% as blue-collar employment, 3% as stay at home,

2.4% as self-employed, 1.8% as being unemployed, and 10.7% as other (e.g., maternity leave, retired, on disability). Participants reported an average yearly income of CAN\$49,671.08 ($SD = \$32,053.73$). As for self-identified racial or ethnic background, 69% identified as White, 1.2% as Black, 1.2% as Latino/Hispanic, 0.6% as Asian, 0.6% as Indigenous, and 27.4% as “other”.

Procedure

The cross-sectional data were gathered in the context of a larger three-year longitudinal research, consisting of three time points separated by 12 months. This study includes data from the second time-point exclusively because the Justification for Partner Psychological Aggression Scale (JPPAS) was administered at this time point only (Lafontaine et al., 2023). Participants who did not report using psychological aggression in the past year as measured by the JPPAS (i.e., 7 couples) and those who had completed 3 items or less from the 24-item JPPAS (i.e., 3 couples) were excluded from further analyses. Among the final sample, 16 couples were recruited among participants who completed the first time-point of the study and 68 couples were recruited as part of a new data collection to increase the sample size of the second time-point and larger longitudinal research.

Research assistants informed each participant about the purpose of the study and their right to withdraw from participation, confirmed each partner’s individual willingness to participate and offered a list of resources. After informed consent was provided, couples spent approximately two and a half hours at an eastern Canadian university to complete a paper copy of the questionnaire package. The questionnaires used in this study took participants approximately 10 to 15 minutes to complete. The order of the questionnaires in the questionnaire package was counterbalanced to control for the potential effect of previously administered measures. Each partner was provided with a separate workspace to independently complete the

questionnaire package. To maximize participation rate, couples who were unable to participate in person were provided the option of completing the questionnaire package at home by mail or via an encrypted web-based link to the questionnaire package. Participants who completed the questionnaire package at home were instructed to complete this package alone, without consulting their partner. The study was approved by the university's Research Ethics Committee.

Measures

Socio-demographic questionnaire. The sociodemographic questionnaire included demographic information (e.g., age, gender, ethnicity, education) and information pertaining to the participant's romantic relationship with their partner (e.g., length of relationship, cohabitation, marital status).

Romantic attachment. The Experiences in Close Relationships Scale-12 (ECR-12; Lafontaine et al., 2016) is a 12-item version of the original ECR (Brennan et al., 1998), which is a validated self-report measure of romantic attachment. The ECR-12 assesses attachment anxiety (6 items; e.g., "I worry a fair amount about losing my partners") and attachment avoidance (6 items; e.g., "I don't feel comfortable opening up to romantic partners"). Each item is rated on a 7-point Likert scale, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher averaged scores are indicative of greater attachment anxiety and attachment avoidance. Convergent and predictive validity of this measure have been shown by Lafontaine et al. (2016) in a diversity of samples, including mixed-sex couples and same-sex individuals, clinical and community samples, and French- and English-speaking participants. These studies have yielded Cronbach's alpha coefficients that range from .78 to .87 for the attachment anxiety subscale and .74 to .83 for the attachment avoidance subscale, indicating good internal consistency. Similarly, our reliability analysis yielded Cronbach's alpha coefficients of .87 and .85 for attachment anxiety in

women and men respectively, and .86 and .83 for attachment avoidance in women and men, respectively.

Justification for the use of IPPA. The Justification for Partner Psychological Aggression Scale (JPPAS; Lafontaine et al., 2022) was used to assess IPPA justifications. It includes a list of 18 psychologically aggressive behaviours (i.e., screen items) and 24 possible reasons for using these behaviours (i.e., justifications). The screen items were developed based on current definitions of psychological aggression and represent various forms of psychologically aggressive behaviours, including hurting the partner psychologically (e.g., insulting, putting down), threats and intimidation (e.g., threatening to hurt the partner), control (e.g., preventing the partner from socializing with friends/family), and withholding affection. Participants were asked to report whether they used each of the 18 behaviours in the past year according to a dichotomous scale (0 = *no*, 1 = *yes*). This was summed for a total score of diversity of IPPA acts in the past year, ranging from a minimum score of 0 and maximum score of 18 different acts; higher scores are indicative of greater diversity of IPPA acts. If at least one of these behaviours was reported in the past year, participants were asked to complete a list of 24 items regarding their reason for using the aggressive behaviour(s). Initially pooling 115 potential reasons for one's use of IPPA, confirmatory factor analyses generated seven categories of justifications for IPPA acts: disagreement with the partner (4 items), in reaction to the partner's behaviour (4 items), parental modeling (3 items), malevolent intentions (4 items), fear of abandonment (3 items), depressive presentation (3 items), and personal traits (3 items). Items are evaluated on a 9-point Likert-type scale, ranging from 1 (*not at all true*) to 9 (*completely true*), with higher scores indicating a greater likelihood of using that justification. The seven subscales' scores were obtained by averaging their respective items. This measure demonstrated adequate internal

consistency and construct validity in clinical and community samples as well as in French- and English-speaking participants (Lafontaine et al., 2022). In the current study, the Cronbach's alpha coefficients produced by each scale for women and men respectively were: .80 and .85 for *malevolent intentions*, .63 and .72 for *disagreement with partner*, .95 and .88 for *fear of abandonment*, .82 and .76 for *parental modeling*, .76 and .84 for *in reaction to partner's behaviour*, .76 and .79 for *depressive presentation and* .67 and .79 for *personal trait*.

For this study, the four justifications subscales that referred to the participant's own attributes (i.e., malevolent intentions, fear of abandonment, depressive presentation and personal traits) were averaged to create an index of internal justifications. The three justifications subscales that referred to external factors (i.e., disagreement with one's partner, parental modeling, in reaction to the partner's behaviour), were averaged to create an index of external justifications. Since these indexes reflect a classification created for this study, we calculated their Cronbach's alphas to test the extent to which the inter-relatedness of the items within each classification. Cronbach's alpha provides a good index of test reliability or a measure of the internal consistency of composite scores (Tavakol & Dennick, 2011). Specifically, a Cronbach's alpha between .70 and .90 would indicate good to very good internal consistency (Altman, 1997; DeVellis, 2003). A value lower than this range may indicate that the number of questions or the inter-relatedness between items is too low (i.e., the correlation between items is too poor). A value above .90 is also not recommended since it may indicate that the items are too redundant (Streiner, 2003). In this study, Cronbach's alphas were .86 and .86 for women and men, for internal justifications and .77 and .82 for women and men, respectively, for external justification.

Analytic Strategy

Preliminary analyses were conducted using SPSS 24 software. Using path analysis (Olobatuyi, 2006) based on the APIM model allows to test the theoretical model while simultaneously assessing the associations between insecure romantic attachment (i.e., attachment anxiety and avoidance) and justifications for IPPA (i.e., internal and external justifications) in one individual (i.e., actor effect) and their partner (i.e., partner effect). Using this data analysis technique allows for the control of non-independence in couples to reduce both Type I and Type II errors (Kenny et al., 2006). The hypothesized model was estimated using the maximum likelihood method with robust standard errors with Mplus version 7 (Muthén & Muthén, 2012).

Results

Preliminary Analysis and Assumptions

Preliminary analyses were conducted to identify and evaluate missing data, outliers, and normality. The results of a Little's Missing Completely at Random test conducted on the attachment and the justifications scores revealed that values missing were random, $\chi^2(107) = 45.235, p = 1.00$. Less than 2% of values were missing, and since all scales are calculated using means, missing data was not imputed. An analysis of univariate outliers revealed the presence of four outliers, two on attachment avoidance and two on internal justifications scores, and an analysis of multivariate outliers with Mahalanobis Distance revealed the presence of one outlier. After reviewing these participants' overall responses to the questionnaire package, no errors were found, and there were no indications that the participants completed the questionnaire inappropriately or dishonestly. While they were revealed to be outside of one standard deviation from the mean, the scores were nonetheless realistic and expected based on the nature of the constructs measured. It is coherent that scores within a community sample, unlike a clinical sample, would be characterized by a large range, including a minority of participants with more

extreme attachment insecurity and use of justifications for their perpetration of IPPA. The outliers are congruent with what we would anticipate based on the empirical and theoretical literature. The outliers were left untransformed within the data to maintain the integrity of the results based on a realistic range of scores. Lastly, assumptions of normality of data were verified using z-scores, descriptive statistics (e.g., skewness, kurtosis), and histograms, and revealed that the data was not normally distributed. Non-normality was corrected using the maximum likelihood robust for the standard error against non-normality as integrated in the APIM MPlus7 syntax.

A linear mixed model was utilized to test for potential significant differences on sociodemographic and outcome variables among returning participants from a prior study to the newly recruited ones. No statistically significant differences were found among the two waves of recruitment and participants were combined for all remaining analysis. Independent sample t-tests were conducted to investigate potential differences among men and women who completed the questionnaire at home relative to those in the research laboratory. No statistically significant differences were found among these groups on the study's principal variables. Correlations were conducted to assess the potential for covariate variables that should be considered in the main analysis. Based on previous literature, variables depicted as relevant and potentially statistically significantly associated with the outcome variables used in the APIM were tested, including age, length of the romantic relationship, number of children with the current partner, and diversity of IPPA acts. The Pearson's correlations were conducted separately for men and women to control for the non-independence of the data. Results revealed no significant effect of age, length of relationship, nor number of children with the current partner. Diversity of IPPA was significantly correlated with internal ($r = .664, p < .001$; $.510, p < .001$) and external justifications ($r =$

.528, $p < .001$; $r = .639$, $p < .001$) for women and men respectively. Diversity of IPPA acts for women and men were included within the model as covariates (see Figure 1).

Descriptive Statistics

Potential gender differences were also examined through independent sample t -tests on each study variable. Independent sample t -tests indicated no significant gender differences on scores of attachment avoidance, $t(160) = 1.152$, $p = .251$ and external justifications, $t(160) = -1.446$, $p = .150$. Significant gender differences on scores of attachment anxiety $t(160) = -3.055$, $p = .003$ and internal justifications, $t(160) = -3.223$, $p = .002$ were observed, with women obtaining greater scores in both attachment anxiety and internal justifications. The diversity of IPPA acts was assessed to better depict the context of the IPPA in the sample. On average, men reported having perpetrated 5.11 ($SD = 2.91$) whereas women reported having perpetrated 6.60 ($SD = 3.19$) different acts of IPPA in the past year, depicting a statistically significant difference, $t(160) = -3.11$, $p = .002$. Means, standard deviations, and correlations among the main variables for men and women are presented in Table 1.

Actor-Partner Interdependence Model

In APIM, a dyad is considered “distinguishable” when there is a characteristic differentiating its members, such as gender in mixed-sex couples (Kenny et al., 2006). While gender is theoretically distinguishable, distinguishability of dyads was tested empirically to respect principles of parsimony and assess whether gender was needed in the model (Kenny et al., 2006). The test of distinguishability yielded a significant chi-square statistic, $\chi^2(20, N = 162) = 98.93$, $p < .001$, demonstrating that the sample is statistically distinguishable by gender. The model therefore specifically refers to men and women’s data (see p.86 for Figure 1). As for the theoretical model being tested, the APIM produced suboptimal goodness of fit, indicating that

the model is not an ideal fit with the data, $\chi^2(4, N = 162) = 11.629, p = .154, CFI = .969, TLI = .766$ and $RMSEA = .153$. Controlling for diversity of IPPA, the APIM yielded four statistically significant actor effects and one significant partner effects (see Figure 1). For both men and women, a statistically significant association was observed between attachment anxiety and the use of internal justifications (i.e., moderate effect for both genders, $R^2 = .59$ for women, $R^2 = .44$ for men), and attachment anxiety and the use of external justifications (i.e., small effect for both genders; $R^2 = .38$ for women, $R^2 = .46$ for men; Mukaka, 2012). No actor effects were found between attachment avoidance and justifications for either gender. As for partner effects, a small positive association was found between men's attachment avoidance and women's use of external justification. No other partner effects were found.

Discussion

This dyadic study examined the association between insecure romantic attachment and internal and external justifications for partners' own use of IPPA within mixed-sex couples to better understand the underlying ways of thinking associated with psychological aggression. When examining the model's results, it is useful to keep in mind that the sample consisted of couples characterized with bidirectional aggression, in which both partners were perpetrators and victims of at least one act of IPPA in the last year. Taking into account the diversity of IPPA, the most robust associations in the tested analytical model are consistent with the hypotheses in which men and women with higher levels of attachment anxiety are more likely to justify their acts of IPPA as a result of their own being (e.g., malevolent intentions, fear of abandonment, depressive states, personal traits). These results are consistent with the theoretical literature, in which directing negative emotions towards the self allows those with greater attachment anxiety to act on the urge to use hyperactivating strategies without compromising their connection to

their partner. For individuals with greater attachment anxiety, directing blame toward their partner would otherwise further distance them from the possibility of their partner meeting their fundamental need for reassurance and love (Mikulincer & Shaver, 2005). This could explain why the associations between attachment anxiety and internal justifications are more robust than those with external justification. However, our results revealed that individuals with attachment anxiety also justified their use of IPPA externally.

One explanation for these results could be that the use of justifications, internal or external, reflects a strategy of hyperactivation. Based on attachment theory, individuals with greater attachment anxiety tend to use hyperactivating strategies (e.g., overt expressions of emotions) during conflict with their romantic partner to meet their attachment needs. Justifying one's actions could be understood as an overt response fundamentally embedded in the acknowledgement of an emotion or emotional need. It is also plausible that the intense contrast of desperately needing closeness from one's partner yet using IPPA, which likely pushes them away, causes greater dissonance in individuals with higher attachment anxiety relative to those with higher attachment avoidance, leading to a greater endorsement of all justifications (i.e., internal and external). Research has shown that greater moral dissonance is accompanied by an increased urgency to reduce it via behavioural changes or, more commonly, the use of justifications (Lowell, 2012; Tsang, 2002). The combination of these theories could explain how attachment anxiety is associated with a stronger endorsement of all justifications but shows a stronger association with internal justifications as it is more congruent with their overall coping with attachment-related threats. As justifications are used and internalized, the maintenance and escalation of the behaviour are reinforced (see Spencer et al., 2021 and Velotti et al., 2020, for reviews).

Understanding justifications as a mechanism of hyperactivation could also explain the lack of statistically significant association between attachment avoidance and justifications in men and women. For those with higher attachment avoidance, the implication of an emotional involvement contradicts their natural tendency to minimize their distress and divert attention away from emotion-eliciting information, which opposes their goal of being completely self-reliant (Cassidy & Shaver, 2002; Mikulincer & Shaver, 2016). As observed in Table 1 and Figure 1, some significant bivariate correlations, such as those between attachment avoidance and justification, are no longer meaningful when produced by the APIM. This can be explained by the fact that the correlational matrix consists of bivariate relations between variables (i.e., looking at two variables), while the APIM is a multivariate model that accounts for interdependence between multiple variables. In other words, multivariate analysis controls for the effect of other predictors. Therefore, a statistically significant bivariate correlation can no longer be significant in a multivariate analysis that controls for the third variables that it shares variance with. This reflects a great advantage of using multivariate models to obtain more precision in the variance between variables.

While the size of the association is considered small, the model yielded an interesting partner-effect between men's attachment avoidance and women's use of external justifications for their own IPPA. This could indicate that men with higher attachment avoidance are associated with women who use external justifications for their use of aggression, such as attributing blame to men's use of deactivating strategies (e.g., withdraw from conflict, push partner away). These results are consistent with scientific literature on attachment, conflict perceptions and couple's satisfaction in which men's avoidance predicted women's experience of conflict and relationship satisfaction (Brassard et al., 2009). This pattern of results could be a

response to North American gender norms in which men are socialized to be self-reliant and less emotionally expressive, traits related to attachment avoidance (Mondor et al., 2011).

Limitations and Future Research

The present study has limitations that researchers should address in future research. As dyads in this study have shown to be distinguishable by gender, exploring this model within same-sex couples would be a highly relevant future inquiry that would contribute significantly to the body of empirical literature. Future research may also wish to design recruitment techniques with the specific intention of enlisting a more ethnically diverse and representative sample of participants to bolster the generalizability of research results. The cross-sectional research design also impeded our capacity to draw causal interpretations on the nature of the associations between insecure romantic attachment and justifications for the use of IPPA. Although attachment theory has established that individuals develop attachment bonds prior to developing aggression-related behaviours (i.e., including justifications), it would also be plausible for the justifications for the use of IPPA to influence the quality of attachment. The study's statistically significant associations can be used as a stepping stone to investigate, with a larger sample, potential partner pairings or causal relationships between adult attachment and justifications for the use of IPPA in future research.

Two specific statistical limitations are unique to the use of the JPPAS to measure justification. First, the scales *disagreement with the partner and personal traits* produced lower Cronbach's alpha and were further investigated. An item reliability analysis did not produce significant enough results to justify removing items to increase the coefficients. Lafontaine and colleagues (2021) have used reliable techniques (i.e., factor analysis) to evaluate the internal consistency of the scales. The lower alpha can be explained by the short lengths of the scales

(e.g., 3-4 items; Tavakol & Dennick, 2011). Moreover, the study uses the indices of internal and external justifications based on the seven scales of the JPPAS (Lafontaine et al., 2023). The notion of internal and external justifications was used to conceptually organize the seven scales to simplify the analytical model and/or the resulting interpretations. Classifying the seven justification scales into internal and external in the first study was a strategy that allowed for the inclusion of all seven scales in the analyses while respecting the statistical guidelines regarding the model and sample size. Specifically, including all seven scales in the APIM model was not an appropriate statistical option considering the sample size necessary to accommodate the intricacies of a 14-outcome variable APIM. The conceptual organization of internal and external justifications allowed us to maintain the wealth of information available in the seven justifications scale without comprising the statistical model. To support this classification, we used Cronbach's alphas as an index of test reliability or a measure of the internal consistency of composite scores (Tavakol & Dennick, 2011). Cronbach's alphas for internal and external justifications in men and women were all between .70 and .90, indicating good to very good internal consistency (Altman, 1997; DeVellis, 2003). A value lower than this range may indicate that the number of questions or the inter-relatedness between items is too low (i.e., the correlation between items is too poor), and a value above .90 may indicate that the items are too redundant (Streiner, 2003). We consider that the classification of internal and external justifications is sufficiently supported by theory (Festinger & Carlsmith, 1959) and Cronbach's alpha to address the research question. However, like most concepts in statistics, Cronbach's alphas are not free of limitations, and these coefficients can be affected by the length of the test (i.e., if the test is too short, the value of the alpha is reduced; Streiner, 2003), which could reflect a limitation. To take this investigation one step further, a two-level factorial analysis could be

conducted on the items of the JPPAS to evaluate the seven-subscale and a two-subscale classification (e.g., external and internal). While we felt that the development and validation of a new measure to formalize these categories fell outside the scope of this study and its research question, future research that wish to focus on the classification of internal and external justifications as a primary research question may wish to use a two-level factorial analysis to validate this classification further. A larger sample would also allow for the use of all seven scales of the JPPAS to be used in one APIM. Future research could also experiment with using different combinations of JPPAS subscales based on specific research questions.

The APIM model produced suboptimal goodness of fit, indicating that the model is not an ideal fit with the data, $\chi^2(4, N = 162) = 11.629, p = .154, CFI = .969, TLI = .766$ and $RMSEA = .153$. There are several potential causes for this. Nonnormal data can sometimes cause suboptimal indices. However, we have corrected the nonnormal data with the maximum likelihood robust estimator in Mplus. It is also possible that the number of parameters is too great, that the model includes multilevel data, or that the model may have misfits or missing paths. Based on the degrees of freedom, this may be caused by the covariate variables (i.e., diversity of IPPA) since they reflect the only variables that have parameters constrained to zero or that are not accounted for in the presented APIM and, therefore, could explain the misfit in the model. In other words, there may be associations between the diversity of IPPA acts and justifications that, if added to the model, would improve model fit indices. Theoretically, this is a plausible explanation because while we can conceptually distinguish the diversity of IPPA acts by counting the number of different acts perpetrated and the frequency of IPPA acts in the last year; it may be difficult to distinguish them statistically. The frequency is not controlled for when we define diversity and can therefore impact the IPPA diversity scores (i.e., the covariate).

Therefore, the frequency of IPPA acts could be positively associated with an increase in its diversity. While the inclusion of diversity provides us with descriptive information that enriches the contextualization of the justifications, the exploration of diversity or frequency of IPPA is secondary to our research question and the theoretical model being tested that intentionally focuses on justifications. Therefore, we chose not to pursue this investigation further and focus on testing our main variables (i.e., attachment and justification) while still accounting for diversity as a covariate to enrich the context in which justifications occur.

Future research could focus on exploring the role of diversity in IPPA acts to improve model fit and open a new avenue of research. It is also possible that the model does not reflect the process tested and would need to be modified. For instance, different models, including various combinations of the justification scales, could be tested, models including other significant covariates that we have missed could also better the model fit or future research could assess for the presence of a non-homogenous population in the sample. For instance, there may be subgroups within the sample that depict different causal processes. It could be tested with multi-group factor analysis if specific subgroups are suspected. If we suspect subgroups within the sample, but the origins are unknown, factor mixture modelling could reflect an appropriate approach to extract known group memberships from the sample. While there are many avenues that future researchers may wish to explore to obtain better fit indices, we decided to proceed with the presented model since it allowed us to examine the parameters needed to test the theoretical model in our research question.

A different, and not mutually exclusive explanation for the suboptimal fit indices could be that the smaller sample size compromised the model fit. The sample size does not meet the recommended 100 pairs of participants, which increased risk of potential type I and II errors,

limiting the study's statistical power and impacting the validity of the APIM chi-square (Banerjee et al., 2009). Nonetheless, APIM remained the most appropriate analytic strategy to test the presented model as it accounts for both variance between and within dyads, justifying the suitability of its use. A larger sample size would also allow for the expansion of the model to investigate the seven subscales of the JPPAS.

Another limitation is the possibility of an order effect, referring to the potential impact of the order in which the questionnaires are presented to participants on their results. For instance, fatigue or boredom towards the end of the questionnaire package completion may impact the participants' responses in ways that confound results. While the completion of the questionnaires used in this study is estimated to be between 10-15 minutes, completing the full questionnaire package was estimated to be approximately 2 hours. Order effects can also lead to priming, in which earlier questionnaires, such as the sociodemographic questionnaire or the DAS-4 (Sabourin et al., 2005) which asks participants about infidelity, conflict and separation, can trigger negative memories and consequently impact participants' responses to attachment-related questions in the ECR-12 (Lafontaine et al., 2016; Molden, 2014). In an attempt to mitigate the impacts of the order effects, the different questionnaires within the questionnaire package were counterbalanced. Despite these efforts, entirely eliminating the order effect can be challenging, and the results should be interpreted within the context of their limitations.

Lastly, we understand that participants will provide justifications for behaviours when asked. As a result, this measure does not account for the fact that participants may not have spontaneously justified their acts of IPPA without being probed. However, this study did not aim to infer whether or not individuals justify their acts of IPPA, but rather, on what type of justifications will be provided and how they associate with romantic attachment. Therefore, no

claims can be made regarding whether or not individuals would or would not justify IPPA.

Future research may also consider investigating the effect of matching partners on dimensions of attachment to uncover potential patterns with use of justifications for IPPA.

Implications and Conclusion

Partner aggression is a worldwide public health issue warranting further empirical evidence for its prevention and treatment. The results of this study stress the importance for clinicians to include attachment-based assessment and interventions when working with men and women who have perpetrated IPPA. This study suggests that attachment anxiety may be one of the contributing factors that increase the use of internal or external justifications for the use of IPPA. From an attachment standpoint, justifications, like the use of aggression, potentially reflect a strategy of hyperactivation that unskillfully aims to navigate unmet attachment needs and maintain an emotional bond with a romantic partner. Rather than soothe, facilitate emotional connection, or promote support seeking with their partner, the use of justifications could instead contribute to the escalating cycle of psychological aggression. To intervene with this cycle, treatment should aim to promote greater attachment security by increasing awareness and supporting change in the ways to regulate attachment-related distress from non-optimal to optimal, or adaptive strategies. This shift can consequently shape new ways of thinking, new behaviours, new patterns of interactions and restore the ability to connect with others, an essential pillar of wellbeing (Johnson, 2019; Stevens, 2014). By moving closer to a secure attachment, the individual will experience less urges to use strategies aimed at minimizing the dissonance between one's values and hyperactivating behaviours, such as justifications. Based on the postulate that justifications foster and nurture negative behaviours through a feedback loop of escalation, the less justifications are used, the less IPPA should be perpetrated within an

intimate relationship (Lowell, 2012; Mulder & van Dijk, 2020). Uncovering the function of the justifications and bringing these cognitive processes to light can assist individuals in recognizing their contribution to the cycle of psychological aggression, as this insight can be used by clinicians and their client to facilitate prevention and treatment.

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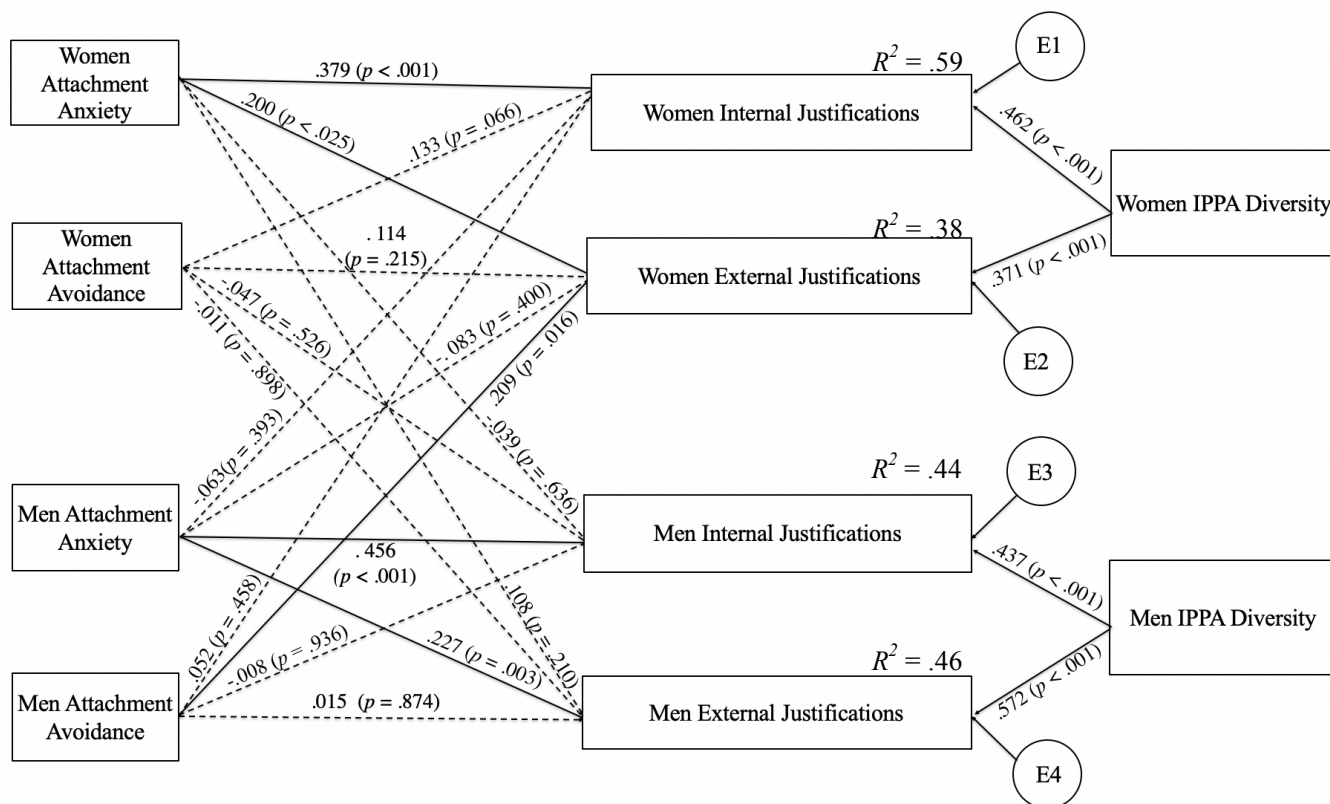
Table 1*Intercorrelations, Means, and Standard Deviation Across Outcome Variables for Men and Women*

Measure	1	2	3	4	5	6	7	8
1. W. Attachment Avoidance		.239 (.032)	.344 (.002)	.275 (.013)	.109 (.334)	.038 (.733)	-.021 (.854)	.049 (.665)
2. W. Attachment Anxiety			.605 ($<.001$)	.421 ($<.001$)	.232 (.037)	.006 (.955)	.059 (.603)	.250 (.024)
3. W. Internal Justifications				.671 ($<.001$)	.205 (.066)	-.066 (.556)	.061 (.590)	.221 (.047)
4. W. External Justifications					.303 (.006)	-.061 (.588)	.296 (.007)	.361 (.001)
5. M. Attachment Avoidance						.143 (.202)	.181 (.105)	.254 (.022)
6. M. Attachment Anxiety							.499 ($<.001$)	.299 (.007)
7. M. Internal Justifications								.630 ($<.001$)
8. M. External Justifications								
<i>M</i>	2.38	3.52	2.77	3.89	2.58	2.80	2.09	3.58
<i>(SD)</i>	(1.15)	(1.56)	(1.51)	(1.40)	(1.15)	(1.44)	(1.16)	(1.40)

Note. The p-value for each coefficient is presented in parentheses. M = men; W = women. The range of possible scores for attachment anxiety and avoidance is 1 to 7, while the range of possible scores for the indices of justifications is 1 to 9.

Figure 1

Results of the Actor-Partner Interdependence Model of Men and Women's Romantic Attachment and Justifications for Their Use of Intimate Partner Psychological Aggression



Notes. E = Error variance, dotted line = non-significant results and solid line = significant results.

Standardised coefficients are shown. The correlations among women and men's attachment and

women and men's justifications can be found in Table 1.

Supplementary Material

Table 2.

Correlations, Means, and Standard Deviations Across Justification Scales and Attachment Outcome for Men and Women

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. W. Attachment Avoidance	1	.239 (.032)	.221 (.047)	.071 (.531)	.217 (.052)	.256 (.021)	.248 (.026)	.486 (.000)	.126 (.263)	.109 (.334)	.038 (.733)	-.162 (.148)	-.029 (.796)	.017 (.880)	.096 (.395)	.056 (.619)	.125 (.266)	-.063 (.574)
2. W. Attachment Anxiety		1	.380 (.000)	.142 (.206)	.537 (.000)	.345 (.002)	.399 (.000)	.602 (.000)	.291 (.008)	.232 (.037)	.006 (.955)	.038 (.737)	.195 (.082)	.032 (.775)	.167 (.137)	.201 (.072)	.140 (.214)	-.038 (.733)
3. W. Malevolent Intentions			1	.288 (.009)	.331 (.003)	.252 (.023)	.555 (.000)	.390 (.000)	.314 (.004)	.336 (.225)	-.163 (.146)	.090 (.425)	.113 (.314)	.015 (.893)	.252 (.023)	.238 (.033)	.157 (.161)	-.011 (.922)
4. W. Partner Disagreement				1	.146 (.194)	.101 (.369)	.269 (.015)	.064 (.573)	.232 (.037)	0.009 (.933)	-.189 (.091)	.182 (.104)	.260 (.019)	-.098 (.382)	.071 (.526)	.183 (.102)	-.049 (.666)	.090 (.427)
5. W. Fear of Abandonment					1	.456 (.000)	.522 (.000)	.599 (.000)	.341 (.002)	.113 (.314)	-.106 (.345)	-.102 (.366)	.004 (.974)	.097 (.390)	.063 (.576)	.223 (.045)	-.015 (.546)	-.072 (.521)
6. W. Parental modeling						1	.441 (.000)	.486 (.000)	.389 (.000)	.332 (.002)	-.015 (.894)	.078 (.491)	-.071 (.530)	.116 (.302)	.037 (.742)	.255 (.022)	.195 (.081)	.029 (.799)
7. W. In Reaction to Partner							1	.453 (.000)	.427 (.000)	.294 (.008)	.050 (.657)	.376 (.001)	.226 (.043)	.342 (.002)	.262 (.018)	.490 (.000)	.381 (.000)	.213 (.056)
8. W. Depressive Presentation								1	.502 (.000)	.320 (.004)	.145 (.198)	-.054 (.629)	.086 (.445)	.113 (.235)	.118 (.295)	.311 (.055)	.221 (.048)	-.028 (.804)
9. W. Personal trait									1	.068 (.585)	-.088 (.437)	.053 (.639)	-.037 (.744)	.021 (.853)	-.050 (.660)	.197 (.078)	.107 (.341)	-.018 (.873)
10. M. Attachment Avoidance										1	.143 (.202)	.210 (.060)	.222 (.047)	-.035 (.759)	-.085 (.450)	.360 (.001)	.248 (.226)	.091 (.417)

11. M. Attachment Anxiety												1	.139 (.214)	.216 (.053)	.518 (.000)	.223 (.046)	.239 (.032)	.533 (.000)	.241 (.030)
12. M. Malevolent Intentions													1	.332 (.002)	.207 (.064)	.327 (.003)	.463 (.000)	.407 (.000)	.513 (.000)
13. M. Partner Disagreement														1	.246 (.027)	.351 (.001)	.512 (.000)	.335 (.002)	.279 (.012)
14. M. Fear of Abandonment															1	.357 (.001)	.287 (.009)	.580 (.000)	.141 (.211)
15. M. Parental modeling																1	.153 (.172)	.439 (.000)	.203 (.069)
16. M. In Reaction to Partner																	1	.430 (.000)	.449 (.000)
17. M. Depressive Presentation																		1	.401 (.000)
18. M. Personal trait																			1
Mean (D)	2.38 (1.15)	3.52 (1.56)	1.92 (1.56)	5.58 (1.72)	2.56 (2.28)	2.87 (2.14)	3.24 (1.98)	2.75 (1.99)	4.15 (2.19)	2.58 (1.15)	2.79 (1.44)	1.80 (1.39)	5.45 (1.93)	1.61 (1.39)	1.96 (1.48)	3.33 (2.12)	2.24 (1.76)	2.71 (1.81)	

Note. The *p*-value for each coefficient is presented in parentheses. M. = men; W. = women

Study 2:

A Typology of the Use of Intimate Partner Psychological Aggression Among Men Seeking Treatment
for Aggression

This represents a modified and extended version of the article published in *Partner Abuse*.

Leclerc, M.-E., Lafontaine, M.-F., Péroquin, K., & Brassard, A. (2023). Why I used psychological aggression toward my partner: A typology of aggression justifications in a clinical sample of men.

Partner Abuse, 14(2), 230-251. <http://dx.doi.org/10.1891/PA.2022-0023>

Abstract

The development of profiles of individuals' use of intimate partner aggression based on similarities in traits allows for the customization of psychological treatment, which can increase successful therapeutic outcomes and enhance cost-effective practices. Among the existent typologies of partner aggression, none, to our knowledge, has focused on self-reported justification for the specific use of intimate partner psychological aggression (IPPA). Yet, IPPA functions within the context of their justifications. This study aimed to expand on the previously established typologies by proposing a new typology based on the justification for the use of IPPA. A sample of 456 men seeking therapeutic services for their couple relationship problems completed a series of questionnaires. A final five-profile solution was obtained using Latent profile analyses (i.e., labelled *Low-Low*, *Moderate-Internal*, *Moderate-External*, *High-High* and *High-Malevolent*). The profiles were then compared on diverse IPPA-related variables, further differentiating each profile's unique combination of characteristics. The profiles range from low to high IPPA severity and present unique patterns of justifications and relational and psychological functioning. A description of each profile and their implications are discussed in the manuscript. Overall, the results emphasize the importance of evaluating justifications in addition to IPPA perpetration and conceptualizing psychological aggression within its context to offer more targeted therapeutic interventions.

Keywords: intimate partner psychological aggression, justification, typology, latent profile analysis, partner abuse.

A Typology of the Use of Intimate Partner Psychological Aggression in a Clinical Sample of Men

Although conflicts represent an ordinary aspect of the human interpersonal experience, aggression as a strategy during conflict is not (Straus, 1979). Meta-analyses reveal that therapeutic programs for those who engage in intimate partner aggression produce mixed or poor treatment outcomes to reduce recidivism (Feder & Wilson, 2005). These outcomes could partly be due to an insufficient understanding of the individual's underlying cognitive process, or justifications for using partner aggression or the oversight of the client's individual needs. Colloquially, men who perpetrate aggression towards their intimate partner tend to be merged into a universal group of individuals with "abusive" behaviours, misleadingly inferring uniformity. The science of typology (i.e., creating classifications) has propelled the understanding of intimate partner aggression by differentiating characteristics among this vast group of individuals. The current study investigates heterogeneity in men's use of partner aggression, specifically, intimate partner psychological aggression (IPPA), based on the reported justification for its use.

Focus on Intimate Partner Psychological Aggression

We have chosen to focus on IPPA, defined as behaviours intended to cause emotional and/or psychological harm, for several reasons (Shorey et al., 2012). While all types of partner aggression can result in severe negative impacts on wellbeing, psychological aggression has shown the potential to cause more harmful long-term consequences on victimized individuals relative to other forms of aggression (Lawrence et al., 2009). In addition, psychological aggression can act as a precursor to other forms of aggression and has been identified as the most prevalent form of partner abuse (Center for Disease Control and Prevention, 2019). Moreover, most typology research that includes IPPA amalgamates it with other forms of partner aggression (e.g., physical, sexual). While this allows for the identification of a broad range of characteristics, the breadth of these differentiating traits may have come at the cost of their deeper comprehension. Creating a typology focusing exclusively on

psychological aggression could provide a clear depiction of the subtle but vital individual differences underpinning the phenomenon of IPPA, expanding on the existing literature and research.

Relevance of Investigating Justifications for IPPA

While much of the research literature focuses on factors associated with the use of partner aggression, the exploration of its justifications reflects an independent line of research, with its own contributions and implications. Justifications reflect an attempt at rationalizing, normalizing, and making sense of one's behaviour (Lowell, 2012). Investigating justifications for the use of IPPA offers a person-centered perspective and yields critical clinical information about one's understanding of their acts of aggression (LaTaillade, Epstein, & Werlinich, 2006). Specifically, the types of partner aggression justifications used can provide key information regarding one's degree of accountability in their behaviour, which has been associated with the likelihood of recidivism, compliance with psychological treatment and treatment efficacy (see Daly & Pelowski, 2000; Sheehan, Thakor & Stewart, 2012). For instance, a low degree of accountability in one's use of partner aggression (e.g., attributing blame to external factors) has been associated with low motivation and more resistance to therapy, poorer therapeutic outcomes and premature termination (Carbajosa, Catala-Minana, Lila, Gracia & Boira, 2017; see Daly & Pelowski, 2000).

An individual's reasons behind their use of aggression can also be used to assess the appropriateness of treatment modality. For instance, aggression used as a means of control or dominance over the partner might be best treated with individual therapy rather than couple therapy (Jacobson & Gottman, 1998; Neal & Edward, 2017). Moreover, justifications have also empirically shown to play a critical role in the likelihood that a negative behaviour reoccurs and escalates in the future (Mulder & van Dijk, 2020). The stronger the urge to perform a behaviour, the more likely an individual may distort the environment or their perception of others to justify engaging in that behaviour (e.g., "my partner provoked me"; Tenbrunsel, 1995). Based on this reasoning, we could

argue that acts of IPPA are initiated and maintained by their justifications, highlighting its fundamental relevance in the cycle of partner aggression.

Typologies of Men's Use of Intimate Partner Aggression and Blame Attribution

Typologies aim to provide a framework for grouping individuals' use of IPPA based on similarities and examining how different factors relate to each other. Typologies allows for: the provision of rich descriptive information on each profile, comparison among profiles, the simplification of complex phenomenon by yielding a specific number of categories and provide fertile grounds for developing further theoretical explanations (Bailey, 2005). In the existing literature, typologies of men's use of intimate partner aggression (e.g., physical, sexual, psychological) are typically based on the recipients of the aggression, the aggression severity, the etiology, or the prominent form of aggression used. Typologies yielding profiles based on the recipients of aggression tend to classify individuals' use of aggression within the family unit exclusively (i.e., "partner only", "family only"), or generalized to all individuals (i.e., "generally violent"; e.g., Chiffrieller, Hennessy & Zappone, 2006; Cunha & Gonçalves, 2013). Typologies focusing on the severity of the perpetrated aggression typically portray polarized groups based on the aggression frequency and severity (e.g., "minor versus severe", "low-level violent versus severely violent"; e.g., Babcock, Green, Webb & Yerington, 2005). Typologies exploring the etiology of the aggression are often characterized by a general disposition towards psychopathology (e.g., "pathological batterers", "disturbed batterers"; Chiffrieller et al., 2006; Cunha & Gonçalves, 2013). Some typologies include specific traits of psychological disorder, such as borderline personality disorder (e.g., "Borderline type", "Dysphoric-borderline"; e.g., Hamberger & Hastings, 1986; Holtzworth-Munroe et al., 2004), antisocial personality disorder (e.g., "low-level antisocial", "antisocial violent"; e.g., Cunha & Gonçalves, 2013; Holtzworth-Munroe et al., 2004) or sociopathic traits ("sociopathic batterers"; Gondolf, 1987). Another etiology-based typology includes classifications based on gender attitudes and patterns of power and control (e.g., "intimate terrorism"; Johnson, 2016). Lastly, some typologies yield profiles based on individuals'

prominent use of a specific modality of aggression (e.g., "sexually violent batterers"; Chiffrieller et al., 2006). While a typology based on justifications for the use of IPPA has yet to be developed, themes of justifications have been identified.

Neal and Edwards (2017) conducted a systematic review of the literature on attributions for the use of intimate partner aggression, including but not limited to psychological aggression. Based on their synthesis of 50 peer-reviewed articles, the main justifications for the use of partner aggression included: control, anger, retaliation, self-defence, seeking attention, and due to the inability to express oneself verbally. To further organize these themes, some researchers classify justifications based on the attribution of blame as internal (i.e., related to the self) or external (i.e., related to external factors). According to Henning and colleagues (2005), men are more than twice as likely to blame their use of partner aggression externally (i.e., on their partner) relative to internally.

Many researchers have correlated profiles of individuals who use partner aggression on a range of variables to expand the profile descriptions of intimate partner aggression use. Several variables have consistently shown their relevance and association with partner aggression as well as each other. For instance, having experienced childhood trauma is consistently associated with the perpetration of partner aggression in adulthood (Godbout et al., 2019; Li et al., 2020). In part, this can be explained by the positive association between the experience of childhood trauma and its negative impact on the attachment system (i.e., depicted by higher levels of attachment insecurity in adulthood) and emotion regulation skills (e.g., poor anger management, psychopathic traits; Kong et al., 2018; McClure & Parmenter, 2020). Partner aggression and romantic attachment insecurity have been shown to be associated with more significant relationship distress and, thus, lower relationship satisfaction (McClure & Parmenter, 2020). Attachment insecurity, childhood trauma and poor emotion regulation skills can all lead to symptoms of psychological distress or mental health that can, in part, explain the increased propensity for substance and alcohol misuse as a means of self-medicating and numbing of suffering (see Fairbairn et al., 2018; Schindler, 2019).

A consistent trend can be observed when typologies compare their profiles on these variables. An increase in the frequency and intensity of intimate partner aggression is associated with a decrease in relational and psychological functioning, depicted by greater romantic attachment insecurity (Spencer et al., 2020; Velotti et al., 2020), relationship dissatisfaction (McClure & Parmenter, 2020), a prevalence of childhood trauma (Godbout et al., 2019; Li et al., 2020), poorer anger management (Birkley & Eckhardt, 2015), more psychopathic traits (Cunha & Gonçalves, 2021), and greater use of drugs and alcohol (Cafferky et al., 2018). Based on current literature, attachment insecurity, chronic anger, trauma symptoms, alcohol and substance use have steadily been associated with profiles that cluster on personality disorder traits, such as borderline personality disorder (see Cameranesi, 2016; Chiffrieller et al., 2006). One perspective explaining this cluster is that the aggression reflects a response to different triggers of attachment insecurity (e.g., the fear of abandonment), which generate a domino effect of unhelpful cognitions and behaviours (see Cameranesi, 2016). Profiles of men who exhibited traits of psychopathy (e.g., antisocial batterers; Gondolf, 1988; Hamberger et al., 1996; Holtzworth-Munroe & Stuart, 1994) have been associated with an increase in police contact, suggesting a narrow association between psychopathic traits and involvement of the justice system (Hamberger et al. 1996). Typologies comparing perpetrators of partner aggression that are referred to treatment by external sources (e.g., court-ordered) relative to self-referred (i.e., voluntarily participate) have shown that self-referred men exhibited greater motivation to change compared to men referred by external sources (Bowen & Gilchrist, 2004). In sum, romantic attachment, anger, relationship satisfaction, psychopathy, childhood trauma, substance and alcohol use, active restraining orders, and means of referral to treatment have all been shown to be highly relevant in deepening the understanding of different profiles of individuals who use intimate partner aggression.

While research on justifications for intimate partner aggression has been published, the need to investigate the justifications for the use of non-physical forms of partner aggression, to assess the variability of these justifications and their association to variables of interests have been identified in

the literature (see Carbajosa et al., 2017; Neal & Edwards, 2017). Few studies have investigated the association between IPPA and its justifications, and none, to the extent of our knowledge, have used these variables to create an empirically based typology. The presented study will address this gap in the literature by using self-reported justifications as the leading indicator to create a novel typology of the use of IPPA.

Study Objectives

The presented study aimed to develop a theoretically based, empirically derived, person-centered descriptive typology of men's use and justifications of IPPA, as reported by men seeking therapeutic services for their couple relationship problems. The study's objectives and corresponding analyses were twofold. First, the self-reported justifications for IPPA and the frequency of IPPA perpetration in the past year were used to classify men into distinct profiles. While the analysis was mainly exploratory, we anticipated a minimum of two polarized profiles in terms of the frequency of IPPA use (i.e., high and low) and endorsement of the seven justification scales (i.e., low and high endorsement across scales).

The second set of analyses aimed to compare the profiles on a multitude of variables considered theoretically and empirically relevant to intimate partner aggression. These variables were chosen to provide more detailed descriptions of each profile, further delineating them and producing more meaningful clinical utility. Included in these variables is the average number of different IPPA acts used, a dimension rarely examined in empirical literature. Other variables used to compare profiles included: adult romantic attachment (i.e., attachment anxiety, attachment avoidance), relationship satisfaction, anger management (i.e., state-anger, trait-anger), psychopathy (i.e., primary and secondary traits), childhood interpersonal trauma (i.e., presence, severity), current weekly use of drug and alcohol, being the recipient of an active restraining order, and the participants' means of reference to the recruiting organization (i.e., self-referred or externally-referred). It was anticipated that the higher frequency of IPPA use and greater endorsement of justifications would be associated with lower

relational and psychological functioning, reflected by higher levels of insecure romantic attachment, anger, relationship dissatisfaction, psychopathy, childhood trauma, substance and alcohol use, rates of an active restraining order against participants, and participants referred to the recruiting organization by external sources.

Method

Participants

The cross-sectional data was gathered in the context of a larger research including 550 men being assessed on numerous variables related to aggression and romantic relationships. Participants who did not meet the current study's eligibility criteria, including being 18 years old or older, having been involved in a romantic relationship for a minimum of one year, and having used IPPA in the past year, were excluded from further analyses.

The final sample consisted of 456 men from 18 to 71 years old ($M = 36.16$, $SD = 10.87$), residing in an urban, eastern Canadian city. The average length of the participant's romantic relationship was 6.98 years ($SD = 7.67$) and approximately one-fifth of the participants reported being childless (21.7%). Among participants who reported having children with their current partner, 24% reported one child, 28.9% reported two children, and 20% reported three or more children. Most the sample identified as French Canadian (92.7%), 0.9% as English Canadian or Indigenous, 5.1% as Immigrant or Other (i.e., African, American from the United States, Columbian, Congolese, French from France, Moroccan, Hattian, Mexican, Polish, Swiss and Senegalese), and 1.1% did not respond. As for the level of completed education, 11.6% of participants reported university, 11.2% pre-university, 50.5% high school, and 14.4% primary school. Fifty-three percent of participants reported being employed full-time, 25.6% unemployed, 5.5% employed part-time, 5% seasonally employed, 4.6% full-time students, and 3.3% retired. The mean annual gross income was CAN\$33 377 ($SD = 29 541$).

Notably, participants in this sample reflect, on average, a low socio-economic status (i.e., low level of education and annual income).

Procedure

The convenience sample was exclusively recruited from a community organization, where men sought psychological services for couple relationship problems, including but not limited to aggressive behaviours. The costs of the organization's services were offered on a sliding scale to increase its accessibility to all community members. All participants requesting services at the organization were offered participation in the study. The period of recruitment included 2011 to 2019, for a total of 8 years. Each client seeking services and consenting to participate in the study provided their completed battery of questionnaires to their assigned therapist. Participants were informed of their right to withdraw from the study at any moment without a need for justification and that refusal to participate in the study would not interfere with their access to services. The study was approved by the university's Research Ethics Committee.

Measures

Childhood Trauma, Substance use, Restraining Order, and Reference to the Organisation. The study questionnaire included questions about participants' demographic information (e.g., age, gender, ethnicity), relationship (e.g., length of the relationship), and other variables of interest. The presence and severity of childhood interpersonal trauma were assessed using four dichotomous items from this questionnaire (i.e., witnessed inter-parental physical violence, physical assault from a parent, foster care involvement, and childhood sexual abuse). Participants answering "yes" to one or more items were considered to have experienced childhood trauma. One point was allocated to each item and summed for a total score of trauma severity, ranging from a score of 0 (*no presence of trauma*) to a maximum score of 4 (*endorsed all four items*), with higher scores indicating greater cumulative trauma. Two items assessed weekly alcohol and drug use, and one dichotomous item assessed the presence of an active restraining order against the respondent. The referral to the

organization was coded as 0 (*self-referred*) or 1 (*externally referred*; e.g., youth protection, court-ordered, health professional).

IPPA Frequency. The annual frequency of IPPA was assessed using the psychological aggression perpetration subscale (8 items) of the Revised Conflict Tactics Scales (CTS2; Straus et al., 1996). Respondents report on an 8-point Likert-type, how often each behaviour was perpetrated in the past year from 0 (*this never happened*), 1 (*once*), 2 (*twice*), 3 (*3-5 times*), 4 (*6-10 times*), 5 (*11-20 or more times*), 6 (*20+*) and 7 (*not in the past year, but this has happened before*). Each report was coded at respective midpoints of 0, 1, 2, 4, 8, 15, and 25 and summed to obtain the scale's total (i.e., minimum of 0, maximum of 200) calculating the frequency of perpetrated aggression (Straus et al., 1996). The response choice assessing lifetime prevalence was coded at 0 to ensure that data consists of IPPA perpetrated in the past year only. A higher score on the scale indicated greater frequency of IPPA use. The psychological aggression scale's validity analysis produced a Cronbach's alpha coefficient of .78.

IPPA Justification. The IPPA justifications were assessed using the *Justification for Partner Psychological Aggression Scale* (JPPAS; Lafontaine et al., 2023). The measure includes a list of 18 IPPA behaviours (i.e., screen items) and 24 possible reasons for using these behaviours. The screening items were developed based on current definitions of psychological aggression and represent various forms of psychologically aggressive behaviours (e.g., insulting), threats and intimidation (e.g., threatening of harm), control (e.g., preventing the partner from socializing with friends/family), and withholding affection. Participants were asked to report whether they used each of the 18 behaviours in the past year using a dichotomous scale of 0 (*no*) and 1 (*yes*). The total was summed to create a score of the diversity of IPPA acts, ranging from a score of 0 to a maximum of 18, with higher scores indicating greater diversity of IPPA acts used.

If one or more of the 18 behaviours was reported in the past year, participants were asked to complete a list of 24 items assessing justifications for its use. The JPPAS includes seven scales:

Disagreement with the partner (4 items; e.g., "I wanted to defend my point of view"), *In reaction to the partner's behaviour* (4 items; e.g., "my partner provoked me"), *Parental modelling* (3 items; e.g., "my parents behaved this way towards me"), *Malevolent intentions* (4 items; e.g., I wanted to frighten my partner), *Fear of abandonment* (3 items; e.g., "I worry about being abandoned), *Depressive presentation* (3 items; e.g., "I am depressed)" and *Personal trait* (3 items; e.g., "I have a hot temper"). Items are rated on a 9-point Likert-type scale, ranging from 1 (*not at all true*) to 9 (*completely true*). All subscales were obtained by averaging their items, with higher scores indicating greater endorsement of the justification. In this study, the Cronbach's alpha coefficients consisted of .81 for *Malevolent intentions*, .78 for *Disagreement with the partner*, .94 for *Fear of abandonment*, .81 for *Parental modelling*, .85 for *In reaction to the partner's behaviour*, .69 for *Depressive presentation*, and .86 for *Personal trait*.

Adult Romantic Attachment. The *Experiences in Close Relationships Scale-12* (ECR-12; Lafontaine et al., 2016) is a 12-item version of the original ECR (Brennan, Clark & Shaver, 1998) assessing attachment anxiety (6 items) and attachment avoidance (6 items). Each item is rated on a 7-point Likert-type scale, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores indicate higher attachment anxiety and attachment avoidance, and the mean score of each subscale was used in the analyses. The current study's reliability analysis yielded Cronbach's coefficients of .86 for attachment anxiety and .82 for attachment avoidance.

Relationship Satisfaction. Relationship satisfaction was assessed using the *Dyadic Adjustment Scale- 4 items* (DAS-4; Sabourin et al., 2005), a validated shortened version of the original 32-item DAS (Spanier, 1976). Item 1 to 3 are rated on a 6-point Likert-type item ranging from 0 (*all the time*) to 5 (*never*), and the fourth item is rated on a 6-point Likert-type item ranging from 0 (*extremely unhappy*) to 6 (*perfect*). The total score is obtained by summing the four items, where higher scores indicate greater relationship satisfaction. The clinical threshold of 13 or less was used to indicate

significant relationship dissatisfaction (Sabourin et al., 2005). The current study produced an alpha coefficient of .75 demonstrating good reliability.

Anger. The State-Trait Anger Expression Inventory (Laughrea et al., 1997; Spielberger et al., 1988) was used to assess the respondent's current level of anger (10 items; state anger) and their propensity to experience day-to-day anger without provocation (10-items; trait anger). Items were rated on a 4-point Likert-scale ranging from 1 (*almost never*) to 4 (*almost always*). The total scores were obtained by averaging the items. Higher scores indicate a more significant presence of anger. The current study yielded Cronbach's alphas of .90 for state anger and .86 for trait anger.

Psychopathy. Psychopathy was assessed using the *Levenson Self-Report Psychopathy Scale* (LSRP; Savard et al., 2014; Levenson et al., 1995). The primary psychopathic trait subscale (16 items) assesses psychopathic emotional affect (e.g., selfishness, manipulative behaviours). The secondary psychopathic trait subscale (10 items) assesses psychopathic lifestyle (e.g., impulsivity, self-defeating tendencies). Respondents report on a 4-point Likert-type item their endorsement to each statement from 1 (*strongly disagree*) to 4 (*strongly agree*). The scores range from 16 to 64 for primary psychopathic traits and from 10 to 40 for secondary psychopathic traits. The total score for each subscale is obtained by calculating the sum of the subscales' items, with higher scores indicating greater psychopathic traits. The current study yielded Cronbach's alphas of .79 for primary traits and .70 for secondary traits.

Analytic Strategies

All preliminary and descriptive analyses were conducted using SPSS 24 and Mplus7. Latent profile analyses were used to investigate patterns of IPPA perpetration and justifications. A total of eight indicators were used to derive profile membership, including the seven subscales of self-reported justifications for IPPA and one scale measuring the annual frequency of IPPA perpetration. A series of indices were used to determine the final membership of the latent profile model, including the Akaike Information Criterion (AIC; Akaike, 1987), Bayesian Information Criterion (BIC; Asparouhov et al.,

2012), Adjusted Bayesian Information Criterion (ABIC; Sclove, 1987), Entropy (Ramaswamy et al., 1993), Vuong-lo-Mendell-Rubin Likelihood Ratio Test (VLMRLRT: Asparouhov et al., 2012) and the Lo-Mendell-Rubin Adjusted LRT Test (LMRALT; Lo et al., 2001). Lower values indicate the best fit concerning the AIC, BIC, and ABIC. As for the entropy, the model with a value closest to 1.00, typically above .8, suggests the best fit (Asparouhov & Muthén, 2012). Lastly, a statistically significant p -value ($p < .05$) on the VLMRLRT and LMRALT indicates that the model has a superior fit relative to other models. The final model was analyzed using a 3-step method (i.e., “DE3STEP”) to conduct the profile comparison analyses on the chosen variables of interest.

Results

Preliminary Analyses

Assumptions for the latent profile analysis included that the chosen indicators pertain to the same general theme (i.e., correlated indicator variables), the number of indicators is between 3 and 15, and that the sample includes a minimum of 10 participants per indicator (Tein et al., 2013). All these assumptions were met, considerably exceeding the minimal necessary sample of 90 participants. To avoid redundancy, variable multicollinearity, and respect model parsimony, none of the indicator's correlation coefficients exceeded 0.7. Mplus7 accounts for missing data on latent profile indicator variables, and non-normality was corrected using the maximum likelihood robust estimator (Muthen et al., 2012).

Latent Profile Analyses Model

The fit statistics for the latent profile models from 1 to 7 are presented in Table 1. Despite considering the 3-profile solution due to its statistical significance on VLMRLRT and LMRALT, the 5-profile solution produced lower AIC, BIC, and ABIC, representing the best model fit. The Entropy index, which represents the degree to which the profiles are discriminant and the precision of participants' profile membership, was reported at 0.81 for the retained 5-profile solution, indicating good precision (Ramaswamy et al., 1993). In addition to the fit indices, other factors were considered

when choosing the final five-profile solution, including the theoretical framework of the variables, the utility and the interpretability of the results (i.e., how to get the most out of the available data, what would contribute most to the current literature; Masyn, 2013). A typology aims to develop a descriptive tool for comparison. The richness of a typology lies in its ability to illustrate differences among profiles. With this in mind, the five-profile model not only offered the most adequate model fit but it also provides more detailed insight into the nuances of the heterogeneity of the sample, relative to a three-profile solution. The five-profile solution also yielded a favorable covariance coverage (i.e., 0.99 to 1), depicting a minimal number and distribution of missing values. Each profile was attributed a descriptive label reflecting their scores on IPPA frequency and justifications. See Table 2 for the profiles' complete descriptive statistics.

Profile A, labelled *Low IPPA-Low Justification (Low-Low)*, consisted of 20% of the sample ($n = 90$) and showed a mean frequency of 12.04 occurrences of IPPA in the last year ($SD = 13.35$). Men in this profile displayed little to no endorsement of the different justifications for their use of IPPA. Profile B labelled *Moderate IPPA-External justifications (Moderate-External)*, consisted of 23% of the sample ($n = 103$) and showed a mean frequency of 30.37 occurrences of IPPA in the last year ($SD = 23.91$). This profile reflected similar justification endorsements to *Low-Low*, except for a characteristically higher endorsement on the scales *partner disagreement* and *in reaction to partner*, depicting a tendency for the individual to believe that their use of IPPA is triggered by external factors. Profile C labelled *Moderate IPPA- Internal Justification (Moderate-Internal)* consisted of 27% of the sample ($n = 123$) and showed a mean frequency of 32.72 occurrences of IPPA in the last year ($SD = 23.92$). The endorsement of justifications scales in this profile situated between *a little bit true* to *moderately true*, except for the low endorsements of *malevolent intentions* (i.e., reported as *not at all true*), and the stronger endorsement of *Personal trait* (i.e., reported as *very true*). This pattern depicts a tendency for the individual to believe that their use of IPPA is a result of their own attributes. Profile D, labelled *High IPPA- High Justification (High-High)*, consisted of 20% of the sample ($n = 89$) and

showed a mean frequency of 56.83 occurrences of IPPA in the last year ($SD = 33.01$), the highest reported frequency of IPPA perpetration across the five profiles. The endorsement of justification scales in this profile is situated between *moderately true* to *very true* except for the low endorsement of *malevolent intentions* (i.e., reported as *not at all true* and *a little bit true*). Lastly, profile E, labelled *High IPPA-High-Malevolent (High-Malevolent)*, consisted of 11% of the sample ($n = 51$) and showed a mean frequency of 52.69 occurrences of IPPA in the last year ($SD = 34.43$). *High-Malevolent* reflected similarities to *High-High* in the endorsement of justification scales, except for a distinctly higher endorsement of the justification *Malevolent intention*. In other words, even though participants in the *High-High* profile reported a high frequency of IPPA and used multiple justifications, the desire to frighten, punish, upset or get back at their partner did not contribute to their use of aggression.

Profile Comparison Analyses

Among the 14 variables used to compare the profiles, 11 revealed statistically significant chi-square test of independence, depicting varying meaningful differences between profiles: diversity of IPPA acts $\chi^2(4, N = 456) = 740.62, p < .001$, adult romantic attachment (attachment anxiety $\chi^2(4, N = 456) = 51.08, p < .001$ and attachment avoidance $\chi^2(4, N = 456) = 16.33, p = .030$), relationship satisfaction $\chi^2(4, N = 456) = 148.41, p < .001$, trait-anger $\chi^2(4, N = 456) = 173.78, p < .001$, psychopathy (primary psychopathic traits $\chi^2(4, N = 456) = 254.24, p < .001$ and secondary psychopathic traits $\chi^2(4, N = 456) = 234.19, p < .001$), childhood trauma (presence of trauma $\chi^2(4, N = 456) = 12.32, p = .015$, and severity $\chi^2(4, N = 456) = 17.25, p = .002$), active restraining order $\chi^2(4, N = 456) = 10.79, p = .029$, and means of reference to the organization $\chi^2(4, N = 456) = 13.79, p = .008$. Chi-square tests revealed no statistically significant differences across the profiles for: state-anger $\chi^2(4, N = 456) = 6.377, p = .173$, weekly alcohol use $\chi^2(4, N = 456) = 4.332, p = .363$, and weekly drug use $\chi^2(4, N = 456) = 1.093, p = .895$. See Figure 1 for the bar charts of each comparison variable, including a visual representation of the statistically significant differences across profiles. See Table 3 for the partial-eta square of the comparison variables.

All profiles demonstrated statistically significant differences in scores of IPPA diversity, from *Low-Low* (4.4 acts), followed by *Moderate-External* (7.5 acts), *Moderate-Internal* (8.6 acts), *High-High* (10.2 acts) and *High-Malevolent* (i.e., 12.1). *Low-Low* produced an average score of 3.37 ($SD = 1.53$) on the scale of attachment anxiety and 2.38 ($SD = 1.17$) on attachment avoidance. This profile reflects the only group of participants to produce average scores on the attachment scales that do not meet the threshold of a clinical sample (3.5 for attachment anxiety, 2.5 for attachment avoidance; Brassard et al., 2012), discriminating attachment-based distressed from non-distressed individuals. *Low-Low* is the only profile to depict a secure adult romantic attachment style. In addition, this profile is also the only one to report an overall relationship satisfaction ($M = 15.63$, $SD = 3.49$) that is below the clinical threshold (≤ 13 ; Sabourin & Lavoie, 2005), indicating that participants in this profile report good relationship satisfaction. *Moderate-Internal*, *Moderate-External*, *High-High* and *High-Malevolent* all report average scores of adult romantic attachment and relationship dissatisfaction that meet the clinical threshold (Brassard et al., 2012, Sabourin & Lavoie, 2005). These results indicate that individuals in these profiles report greater levels of attachment insecurity than the general population and likely experience distress due to their romantic attachment, in addition to reporting statistically meaningful levels of relationship dissatisfaction. More specifically, a statistically significant increase in the score of attachment anxiety paralleled IPPA frequency, in which, *Low-Low* produced the lowest score of attachment anxiety, followed by the two profiles that range in moderate IPPA frequency (i.e., *Moderate-Internal* and *Moderate-External*) and lastly, the profiles with the highest range of IPPA frequency range (i.e., *High-High* and *High-Malevolent*). As the IPPA frequencies increase from low to moderate to high, so does the level of attachment anxiety. Attachment avoidance depicts less meaningful differences among profiles, primarily differentiating between *Low-Low*, with low attachment avoidance, and the high IPPA profiles (i.e., *High-High* and *High-Malevolent*) with greater reported attachment avoidance. Overall, greater IPPA frequency and stronger endorsement of justification were generally associated with greater attachment insecurity.

Regarding trait-anger, the result depicts that profile *Low-Low* shows a statistically meaningfully low average score, which Deffenbacher and colleagues (1996) would consider non-angry (i.e., between 25 and 75 percentiles; Foley et al., 2002) relative to all other profiles. *Moderate-External*, *High-High* and *High-Malevolent* all reported high scores of trait-anger that were not statistically significant from one another. Psychopathic traits also generally paralleled IPPA frequency and strength of the endorsement of justification. *Low-Low* and *Moderate-Internal* reported statistically lower scores than other profiles for both primary and secondary psychopathic traits. Regarding primary psychopathic traits (e.g., selfishness, manipulative behaviour, psychopathic emotional affect), *Moderate-External* and *High-High* reported statistically greater scores than *Low-Low* and *Moderate-Internal*, and *High-Malevolent* reported the highest scores relative to all other profiles. As for secondary psychopathic traits relating to psychopathic lifestyles, such as impulsive and self-defeating tendencies, *Moderate-External* reported significantly greater scores than *Low-Low* and *Moderate-Internal*, and both high-range IPPA profiles (i.e., *High-High*, *High-Malevolent*) reported meaningfully greater scores to all other profiles. *Low-Low* and *Moderate-Internal* also reported lesser severity of interpersonal childhood trauma relative to *Moderate-External*, *High-High* and *High-Malevolent*.

The profiles *High-High* and in *High-Malevolent* report many similarities, including the highest rates of childhood trauma (74% and 65% respectively), highest IPPA frequency and statistically undifferentiated scores among several comparison variables (e.g., attachment anxiety, trait-anger, secondary psychopathic traits, childhood trauma, active restraining order, means of reference to the recruiting organization). *High-High* and *High-Malevolent* report the strongest endorsement of justifications across all scales, except for a distinct difference in the endorsement of the justification scale *Malevolent intentions*. More specifically, while both profiles use IPPA more frequently than low and moderate IPPA frequency profiles and endorse many justifications for their use of IPPA, *High-Malevolent* reported an acute increase in the endorsement of justifications for their use of IPPA that pertained to wanting to frighten, punish, upset or get back at their partner. These results are congruent

with *High-Malevolent* reporting the highest scores of psychopathic traits, distinctly greater on the scores of primary psychopathic traits relative to all other profiles. Lastly, total of 70% of individuals in *Low-Low* were referred by a professional, representing the highest percentage of participants referred by professionals across all profiles. In addition, thirty percent of participants in *Low-Low* reported having an active restraining order against them, reflecting the highest rate of restraining orders across the five profiles. *Low-Low* (30%) and *Moderate-External* (14%) are the only profiles to report a meaningful statistical difference in the percentage of participants to hold an active restraining order against them.

Discussion

The study's objectives were to examine latent patterns of men's frequency of IPPA use and justifications into profiles and then compare the profiles on a multitude of variables relevant to IPPA. The results revealed five distinct profiles with unique combinations of IPPA frequency and justifications for its use. *Low-Low* reported the lower frequency of IPPA yearly, the lower and less diverse endorsement of justifications. More specifically, for most scales, these participants reported "not at all" to "somewhat" endorsing all of the justifications presented in the questionnaires. *Moderate-Internal* and *Moderate-External* reported a middle range of IPPA frequency (between 30 and 33 IPPA yearly) and differentiated themselves on the predominant type of justifications endorsed. *Moderate-External* participants reported a stronger endorsement of the items on the scale *Partner disagreement* (e.g., to defend my point of view) as moderately to very true. *Moderate-Internal* participants reported a stronger endorsement of the items on the scale *Personal traits* (e.g., impulsivity) as moderately to very true. Lastly, *High-High* and *High-Malevolent* reported a high frequency of IPPA and stronger and more widespread endorsement of justifications across all scales and differentiated themselves with their differences in their endorsement of justifications relating to *Malevolent intentions*. While *High-High* reported an endorsement of items on the Malevolent Intention scale as being not at all to somewhat true, participants on *High-Malevolent* reported that

these justifications were moderate to very true. One possible explanation for the difference between participants in *High-High* and *High-Malevolent* is their willingness to self-disclose justifications that can be perceived as less-socially desirable, such as those found in the items of the *Malevolent Intention* scale (e.g., using IPPA to punish, frighten, get back at or upset my partner).

As anticipated, the analysis revealed patterns of statistically meaningful differences in most of the comparison variables across profiles (see Figure 2). The range of the different acts of IPPA used (e.g., insults, threats, intimidation, control) paralleled the IPPA frequency and strength of justifications endorsement from low to high severity: *Low-Low* (i.e., 4 acts), followed by profiles *Moderate-External*, *Moderate-Internal*, *High-High* and *High-Malevolent* (i.e., 12 IPPA acts reported out of a total of 18).

A salient observation emerges from the results in which generally greater frequency of IPPA and use of justifications were associated with lower indicators of relational and psychological functioning as depicted by the comparison variables (see Table 2). Specifically, as the frequency of IPPA and the use of justifications increased, participants reported greater insecure romantic attachment (i.e., higher attachment anxiety and avoidance), greater trait-anger, lower relationship satisfaction, elevated presence of psychopathic traits (i.e., primary and secondary) and greater presence and severity of childhood interpersonal trauma. Much of this pattern is consistent with current empirical literature and can be explained by the different variables' associations with childhood trauma (Li, Zhao & Yu, 2020). Violent socialization explains the association between childhood interpersonal trauma and the prevalence of aggression perpetration via the modelling and normalization of aggression as a means of conflict resolution (Birkley & Eckhardt, 2015; Lewis & Fremouw, 2001). Moreover, the higher presence and severity of childhood trauma have been associated with greater attachment insecurity in adulthood, as reflected by elevated scores on both dimensions of attachment (Spencer et al., 2020; McClure & Parmenter, 2020). Based on adult romantic attachment theory, the use of aggression is understood as a response to fears of abandonment (i.e., attachment anxiety) and discomfort with

closeness and intimacy (i.e., attachment avoidance) typically associated with distress in romantic relationships (see Cameranesi, 2016). This also supports the paralleling scores and association between adult romantic attachment insecurity and relational dissatisfaction across profiles (McClure & Parmenter, 2020). Greater presence and severity of childhood interpersonal trauma and insecure adult attachment has also been shown to result in difficulties controlling emotions, which explains its association with poor anger management (Birkley & Eckhardt, 2015), an increase in psychopathic traits (Cunha, Braga & Gonçalves, 2021) and greater use of drugs and alcohol (Cafferky, Mendez, Anderson & Stith, 2018).

Another salient observation of the results includes the organic division in scores of comparison variables in which profiles *Low-Low* and *Moderate-Internal* reported greater relational and psychological functioning relative to the other profiles. Specifically, *Low-Low* and *Moderate-Internal* reported a lower prevalence (42% and 48% respectively) and severity of childhood trauma, compare to the other profiles who range between 63 and 74% prevalence of childhood trauma. The measure assessing trait-anger does not provide a clinical cut-off score. However, to better interpret scores of trait-anger, results were compared to prior research conducted in clinical samples of men determined through diagnostic interviews to have significant anger problems (Foley et al., 2002). Compared to Foley and colleagues (2002)'s clinical sample scores ($M = 22.91$), *Low-Low* and *Moderate-Internal* both fall below the average mean of a clinical sample, while the remaining profiles reported levels of anger as a personality trait that exceeds those of a clinical sample (Foley et al., 2002). Similarly, a clinical sample of men (i.e., prison inmates) using the same measure to assess psychopathy produced an average score of 32.99 for primary traits and 21.68 for secondary traits (Brinkley et al., 2001). Using these mean scores as a point of comparison, *Low-Low* and *Moderate-Internal* indicated scores below the average, while the scores of the remaining profiles equaled or exceeded those of a clinical population for primary and secondary psychopathic traits.

Incongruently to the hypotheses and the trend observed with the other comparison variables, *Low-Low* reported the highest rate of active restraining order (30%) and the highest rate of externally referred participants (70%; i.e., referred by social workers, court-ordered, youth protection services). This suggests that despite their lowest prevalence of reported IPPA and the greatest scores of relational and psychological functioning, *Low-Low*'s level of aggression has warranted the implication of external authority. On the other hand, *Moderate-External* demonstrated the lowest rate of restraining order recipients across profiles (14%), yet depicted more than double the scores of IPPA and greater scores of trait-anger compared to *Low-Low*. This data suggests the presence of moderating third variables influencing rates of restraining orders other than IPPA or anger levels. One possible explanation is that externally referred participants or the recipients of a restraining order are more likely to be legally obligated or extrinsically motivated to receive services. For instance, it is typically favorable for an individual who has been judicialized due to their aggression but who wishes to advocate for the custody of their children, to participate in aggression or anger-based treatments (Justice Quebec, 2021). It is also possible that individuals who are obligated or pressured to participate in aggression-based treatment are more at risk to experience denial regarding the impact of their behaviours and inadvertently minimize or underreport their use of IPPA and their justifications on the study questionnaire. It is also possible that participants who received a restraining order are formally judicialized and, as a result, may have mitigated their use of aggression by fear of further sanction. Future researchers who wish to further analyze these associations could systematically examine whether there are differences separating internally and externally referred participants, or those with, or without restraining orders (e.g., t-tests) or compare motivations to be in treatment. This could include adding a measure of client motivation, such as the Client Motivation for Therapy Scale, which measures intrinsic motivation, extrinsic motivation, and a-motivation for treatment (Pelletier et al., 1997).

Another possibility would be that these participants do not engage in a high frequency of IPPA but in other forms of partner aggression (e.g., physical, sexual). However, the latter hypothesis is incongruent with the empirical literature suggesting that psychological aggression is a precursor for more severe forms of partner aggression and the high prevalence of co-occurrence between physical and psychological forms of aggression (Strauchler et al., 2004; Swan & Snow, 2003).

Contrary to expectations, weekly alcohol use, weekly drug use and state-anger (i.e., the current level of anger) were undifferentiated across the five profiles. Similar results have been found in previous typologies (e.g., Cunha & Gonçalves, 2013). This can be explained by the nature of the current sample, in which individuals who seek services for their use of aggression may display less variability in their alcohol/substance use relative to the general population. It is also possible that participants under-report their alcohol/substance use for fear of negative consequences. The absence of meaningful differences regarding state-anger suggests that most participants were not in an angry state while completing the study questionnaire.

Limitations

The study should be interpreted within the context of its limitations. First, relying on self-report assessments includes risk for response biases, such as low introspection, as well as recall and desirability bias. However, according to a literature review (see Brener, Billy & Grady, 2003), self-report measures of violent behaviours do not, on average, threaten the validity of self-reports and can be considered reliable. Based on the context of the services provided at the recruiting organization, we believe that the overt topic of aggression within this context decreases the likelihood of desirability bias relative to other research contexts. Second, half of the sample (50.5%) reported high school as their highest education level and an average gross income of CAN\$33 377 (SD = 29 541\$). Based on the latest Canadian Statistics (Government of Canada, 2017), the percentage of the population that reported high school as the highest education level in the province where the participants were recruited is 21%, and the average employment income is \$51,781. In sum, the individuals recruited for

this study reflect a lower socio-economic status (i.e., low level of education and annual income) than the provincial average. Therefore, the results may not be generalizable beyond the men who share similar characteristics as the participants.

The study's cross-sectional nature also impedes the ability to assess causality among variables. Studies are needed to examine the viability of the profile structure across different cultural and ethnic backgrounds, levels of education, and the stability of profiles overtime using longitudinal designs.

Lastly, the exclusive focus on male-identifying individuals also reflects a limitation of this study. The organization that allowed for the recruitment of participants was initially developed to address the specific community need of servicing men who struggled with relationships and aggression. Male-identifying clients continue to reflect a majority of the organization's clientele, despite having opened their door to perpetrators of all gender in recent years. Some women participated in the current study, but most of these women were in a romantic relationship with a male participant at the time of the study. Thus, male and female would have had to be analyzed separately to account for interdependence in the couple's data. Moreover, very few non-binary people participated in the study. The non-male sample was, therefore, insufficient to allow for the statistical intricacies of typology research. At this time, no assumptions can be made regarding the findings' generalizability to other genders. While it is impossible to anticipate, without proper empirical investigation, if the typology developed in the current study would be useful for a non-male sample, it could inform methodological decisions for future research using an inclusive gender-representative sample (i.e., people who identify as male, female and non-binary).

Conclusion and Implications

The results of this study validate the heterogeneity in men who use IPPA based on their justifications for its use and depict the array of differences in relational and psychological functioning associated to these unique patterns of justifications. Our results also stress that IPPA does not occur independently of its context but is closely associated with its justification and several other variables

tied to relational and psychological functioning. This highlights the need for practitioners to assess beyond the presence of IPPA and consider the accompanying justifications. Evaluating the use of specific justifications provides critical information regarding men's rationalization of their aggression and can indicate their readiness for change, providing a starting point for therapeutic intervention. While individual's initial levels of readiness for change do not always predict therapeutic success (Satel, 2000), tailoring treatment to one's current level of readiness for change has shown to consistently increase therapy outcomes (Zalmanowitz, Babins-Wagner, Rodger, Corbett & Leschied, 2013).

For examples, individuals who fall into *Moderate-Internal* have shown to endorse justifications for their use of IPPA that relate to themselves, depicting ownership of their behaviour, a key factor in behavioural change (see Sheehan et al., 2012). In comparison, profiles that report greater scores on scales of external justification, such as *Moderate-External*, *High-High* and *High-Malevolent*, have shown a tendency to deflect responsibility for their use of IPPA on factors outside of themselves. For these individuals, specific interventions, such as motivational interviewing, may be particularly relevant to increase motivation and responsabilization for their use of IPPA as preliminary treatment targets (Crane & Eckhardt, 2013; Zalmanowitz et al., 2013). The combined evaluation of both the frequency of IPPA perpetration and use justifications in men seeking services can lead to different expectations regarding their relational and psychological functioning and thus heterogeneous assessment processes. The IPPA perpetration and justification profiles can be used to screen which areas of functioning need further evaluation rather than evaluate all areas of functioning, ultimately enhancing cost-effective practices of IPPA treatment and prevention.

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Table 1*Fit Statistics for Men's Latent Profile Analysis Solution 1 to 7*

Fit Indices	Models						
	1 Profile	2 Profiles	3 Profiles	4 Profiles	5 Profiles	6 Profiles	7 Profiles
Akaike Information Criterion (AIC)	10353.864	9816.096	9609.859	9495.675	9408.846	9326.045	9254.732
Bayesian Information Criterion (BIC)	10419.824	9919.159	9750.024	9672.942	9623.215	9577.517	9543.306
Adjusted BIC	10369.045	9839.817	9642.118	9536.474	9458.184	9383.923	9321.149
Entropy		0.761	0.823	0.785	0.806	0.845	0.845
Vuong-lo-Mendell-Rubin Likelihood Ratio Test (p-value)		0.0001	0.0015	0.1372	0.0258	0.3628	0.2080
Lo-Mendell-Rubin Adjusted LRT Test (p-value)		0.0001	0.0016	0.1417	0.0272	0.3703	0.2140

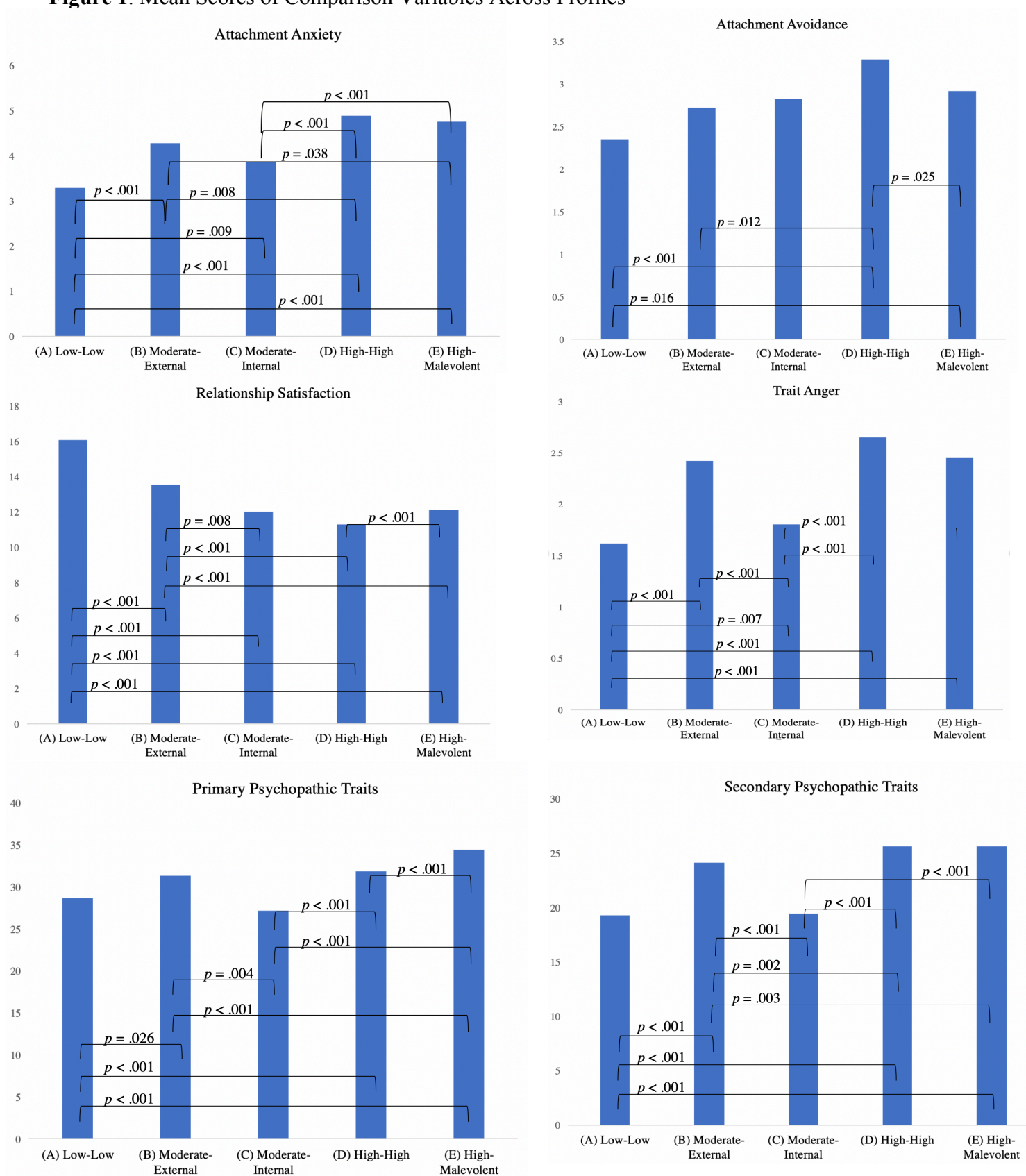
Note. The retained model's fits are in bold.

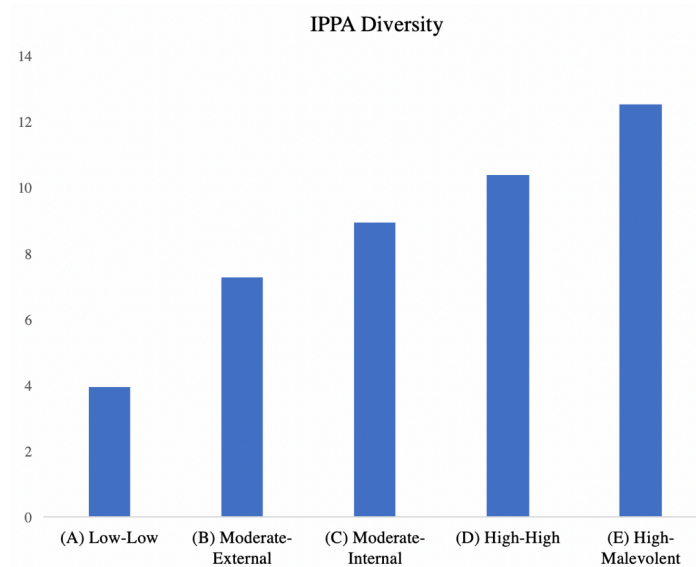
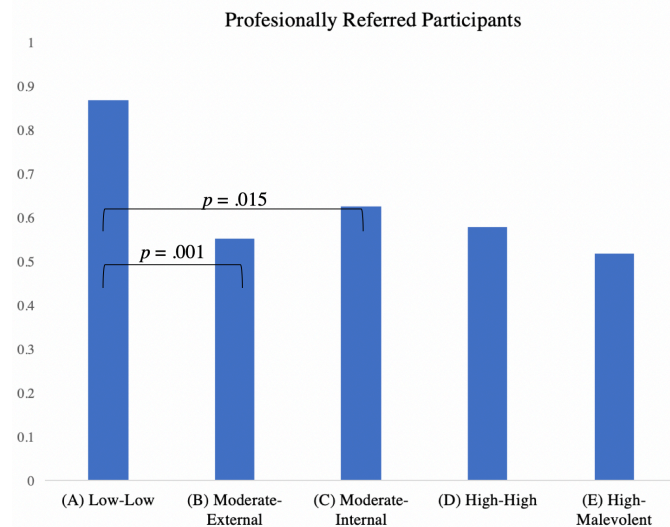
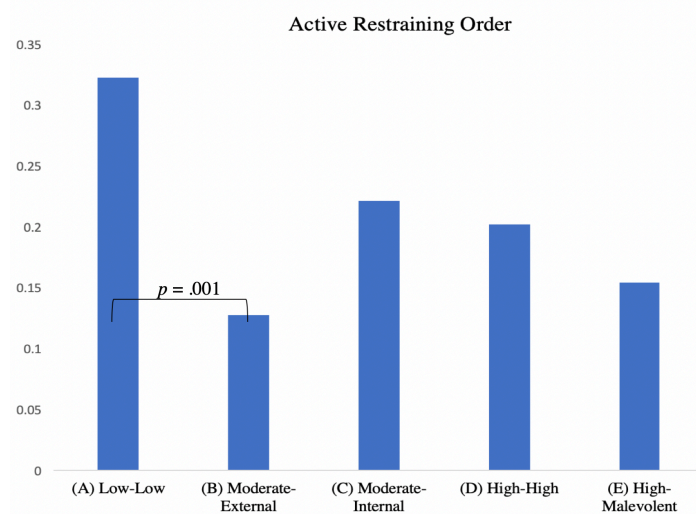
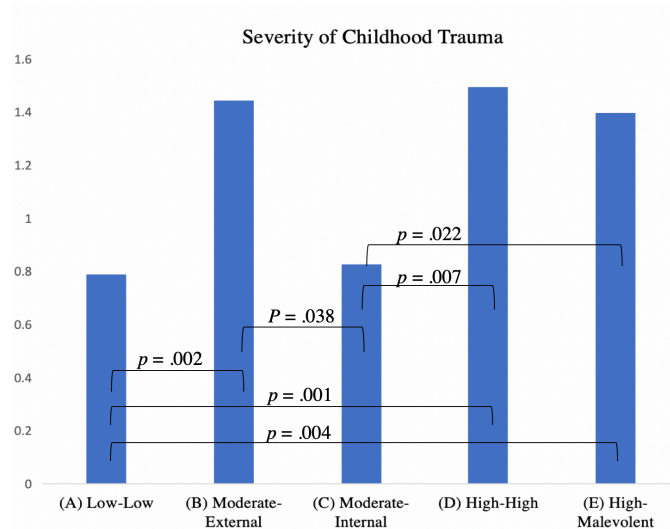
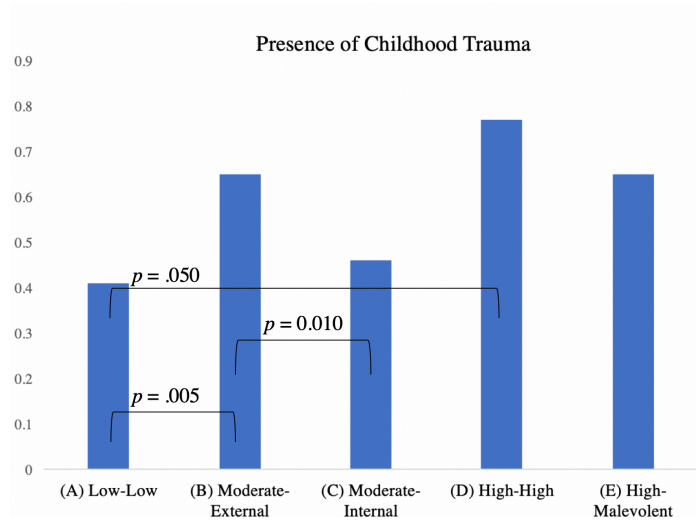
Table 2

LPA 5 Profile Solution Descriptive Statistics

Indicator Variables	Profile A Low-Low (<i>n</i> = 90)	Profile B Moderate- External (<i>n</i> = 103)	Profile C Moderate- Internal (<i>n</i> = 123)	Profile D High-High (<i>n</i> = 89)	Profile E High-Malevolent (<i>n</i> = 51)
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)
Perpetrated IPPA	12.04 (13.35)	30.37 (23.91)	32.72 (23.92)	56.83 (33.01)	52.69 (34.43)
Malevolent Intentions	1.16 (0.39)	1.98 (1.08)	1.37 (0.63)	2.53 (0.93)	5.86 (1.22)
Partner Disagreement	3.37 (1.31)	6.25 (1.28)	5.64 (1.39)	7.19 (1.19)	6.99 (1.35)
Fear of Abandonment	2.16 (1.92)	3.02 (2.26)	3.74 (2.58)	5.14 (2.70)	5.56 (2.79)
Parental Modeling	1.70 (1.36)	1.99 (1.35)	3.97 (2.28)	4.58 (2.44)	3.82 (2.44)
In Reaction to Partner	2.13 (1.25)	5.60 (1.64)	2.50 (1.30)	5.93 (1.67)	5.93 (2.13)
Depressive Presentation	2.04 (1.27)	2.91 (1.66)	4.49 (1.93)	4.35 (1.71)	5.02 (1.96)
Personal Traits	2.56 (1.29)	3.70 (1.47)	6.77 (1.28)	7.37 (1.22)	7.10 (1.55)
Comparison Variables					
Diversity of IPPA Acts	4.42 (3.04)	7.50 (2.74)	8.56 (3.24)	10.22 (2.71)	12.12 (3.34)
Attachment Anxiety	3.37 (1.53)	4.27 (1.40)	3.88 (1.41)	4.80 (1.22)	4.74 (1.41)
Attachment Avoidance	2.38 (1.17)	2.77 (1.30)	2.82 (1.41)	3.19 (1.39)	2.94 (1.15)
Relationship Satisfaction	15.63 (3.49)	13.37 (3.08)	12.36 (3.48)	11.51 (3.28)	12.08 (3.33)
State Anger	11.49 (2.9)	13.05 (5.23)	12.56 (4.57)	13.28 (5.81)	13.25 (5.77)
Trait Anger	16.92 (5.31)	23.59 (4.54)	18.36 (4.49)	25.65 (4.45)	24.23 (5.69)
Primary Psychopathic Trait	28.77 (6.93)	31.8 (7.33)	27.51 (6.62)	31.74 (6.86)	34.13 (8.90)
Secondary Psychopathic Trait	19.5 (4.66)	23.95 (4.17)	19.81 (4.21)	25.24 (4.39)	25.40 (5.35)
Severity of Trauma	0.81 (1.12)	1.41 (1.61)	0.86 (1.12)	1.46 (1.19)	1.39 (1.25)
Presence of Childhood Trauma	42%	63%	48%	74%	65%
Active Restraining Order	30%	14%	22%	19%	16%
Self- Referred	12%	38%	32%	38%	41%
Externally Referred	70%	49%	54%	52%	45%
Using Alcohol Weekly	48%	48%	61%	49%	59%
Using Drugs Weekly	20%	24%	24%	33%	35%

Figure 1. Mean Scores of Comparison Variables Across Profiles





Note. All bars are statistically significant, $p < .001$.

Supplementary Material**Table 3***Partial Eta- Square Statistics*

Variables	Partial Eta- Square	P-Value
Attachment Anxiety	.12	< .001
Attachment Avoidance	.04	< .001
IPPA Diversity	.38	.38
Relationship Satisfaction	.16	< .001
Severity of Childhood Trauma	.05	.58
Primary Psychopathic Traits	.006	.58
Secondary Psychopathic Traits	.006	< .001
Trait Anger	.34	< .001

General Discussion

General Discussion

Summary of Objectives, Results and Interpretations

Understanding how individuals who use IPPA justify it is a critical component of behavioural change for those who wish to reduce their use of IPPA. The overarching goal of this dissertation is to investigate justifications for IPPA use via two studies that examine different, but complementary perspectives. Since participants will provide justifications for behaviours when asked, the studies focused on the type of justifications reported and the participants' level of endorsement of these justifications. The findings of both studies reflect original and novel research designs that can be considered primary building blocks for future research.

Study 1

The first study refers to attachment theory and cognitive dissonance theory to investigate and interpret the associations between insecure adult romantic attachment (i.e., attachment anxiety and attachment avoidance) and the types of IPPA justifications endorsed by mixed-sex community couples experiencing bi-directional IPPA. The seven justification scales were organized conceptually into internal justifications (i.e., IPPA use is justified as a result of the participant's characteristics) or external justifications (i.e., IPPA use is justified as a result of external factors). Attachment theory conceptualizes the use of aggression, including IPPA, as a maladaptive response to unmet attachment needs (Bartholomew & Allison, 2006). Therefore, we hypothesized that how individuals would justify their use of IPPA would vary based on the composition of their romantic attachment system. Specifically, it was expected that individuals with higher levels of attachment anxiety would primarily endorse justifications that pertained to the self, as these individuals have shown tendencies to direct negative emotions towards the self to protect their bond with their partner (Mikulincer & Shaver, 2011; Nisenbaum & Lopez, 2015).

In addition, it was expected that participants with higher levels of attachment avoidance would be more likely to use external justifications, as projecting responsibility to factors outside of themselves permits the preservation of a positive model of the self (Mikulincer & Shaver, 2011; Cassidy & Shaver, 2002). The dyadic model also allowed to test for partner effects. It was expected that individuals with partners who tend to use deactivating strategies might heighten their tendency to blame themselves for using IPPA. The contrary was also expected, in which those who tend to respond to IPPA with overt emotional content could activate their partner's tendency to distance themselves and deflect responsibility for their use of IPPA. Specifically, we hypothesized that individuals with higher attachment anxiety would be associated with partners who further endorse external justifications and that individuals with higher attachment avoidance to be associated with partners who further endorse internal justifications.

The number of different acts of IPPA used by the participants (e.g., insults, destroying property, threats, humiliation) was revealed to be significantly correlated with their self-reported justifications and was thus controlled for as a covariate in the conceptual model. The dyadic analyses revealed a moderate positive, statistically significant association between attachment anxiety and the participant's external and internal justifications for their IPPA use in men and women. While we anticipated a stronger association between higher levels of attachment anxiety and internal justifications, the fact that attachment anxiety is statistically significantly associated with both types of justification can be understood within the context of the theoretical literature. The results could suggest that using justifications reflects a non-optimal hyper-activated emotion regulation strategy. Justifying one's actions could be understood as an overt response fundamentally embedded in the acknowledgement of emotion or emotional need, a characteristic associated with higher levels of attachment anxiety. These results are also congruent with the

literature on cognitive dissonance, which understands justifications as a strategy to relieve cognitive dissonance. Individuals with higher levels of attachment anxiety may be experiencing a greater level of dissonance due to the conflict between their excessive need for closeness and fear of abandonment from their partner and their use of IPPA, which can push their partner away. Individuals with higher levels of attachment anxiety may feel a more powerful urge to assuage the distress by re-interpreting a situation using justifications, a faster and less effortful way to relieve the dissonance (Lowell, 2012; Tsang, 2002). Moreover, these results could, in part, provide an additional explanation of the mechanisms responsible for the robust association between high frequency and intensity of partner aggression and individuals with higher levels of attachment anxiety relative to attachment avoidance (Goncy & van Dulmen, 2016; Spencer et al., 2020; Velotti et al., 2022).

Contrary to the expectations, no statistically significant associations were found between one's own attachment avoidance, external justifications, and even internal justification, except for the association between men's attachment avoidance and women's external justifications described below. We must cautiously interpret null findings, as they differ from hypothesized findings. Precisely, these non-significant associations could also reflect measurement error or the presence of other threats to the study's validity (e.g., testing bias, instrumentation bias), resulting in null findings. However, elements of attachment theory may offer an alternative explanation for these non-significant findings between attachment avoidance and justifications for IPPA use. For instance, the implication of an emotional involvement included in a justification may contradict the natural tendency to minimize emotional distress in individuals with higher levels of attachment avoidance. Moreover, individuals with higher attachment avoidance, who tend to minimize their attachment needs, may experience less dissonance as a result of their IPPA use

and thus feel less pressure to reduce the dissonance via justifications use (Cassidy & Shaver, 2002; Mikulincer & Shaver, 2016).

Lastly, a significant association (small effect size) was found between men's attachment avoidance and women's use of external justification. In other words, women with partners with higher attachment avoidance could be more likely to blame their use of IPPA on their partners' deactivating strategies, for example (e.g., withdrawing from conflict). These results corroborate the existing literature (Brassard et al., 2009), which could be a byproduct of North American gender norms socialization in which men are expected to be less emotionally expressive, traits related to attachment avoidance (Mondor et al., 2011).

Study 2

Many efforts have been concentrated on developing typologies or identifying meaningful subtypes of individuals who use IPPA. However, to our knowledge, none has used justifications as a primary indicator for profile development. The second study investigated how men justify their use of IPPA, how these justifications can be used to differentiate them into statistically meaningful profiles and explore how these profiles can be distinguished from one another on numerous variables relevant to IPPA. The first step was to identify latent subgroups among men seeking therapeutic services for their couple's relationship problems based on their justifications and the frequency of IPPA use in the last year. We anticipated a minimum of two polarized profiles regarding the frequency of IPPA use (i.e., higher and lower) and endorsement of the seven justification scales (i.e., higher and lower endorsement across scales). The second step was to compare the profiles on a multitude of variables theoretically and empirically relevant to intimate partner aggression in order to provide more detailed descriptions of each profile and increase their clinical utility. Specifically, we anticipated that profiles of participants with a

higher frequency of IPPA use and higher endorsement of justifications would be associated with lower relational and psychological functioning, reflected by higher levels of: insecure romantic attachment, anger, relationship dissatisfaction, psychopathy, childhood trauma, substance and alcohol use, active restraining order against participants, and participants referred to the recruiting organization by external sources.

Latent profile analyses revealed five distinct profiles of men with unique patterns of IPPA use and associated justifications. The frequency of the IPPA clustered at three levels, low, moderate and high IPPA use. Specifically, low IPPA use was around 12 acts in the last year and included the *Low-Low* profile. Moderate IPPA ranged from 30 to 32 IPPA acts and included two profiles, *Moderate-External* and *Moderate-Internal*. Lastly, high IPPA use ranges from 53 to 57 acts in the last year, including two profiles: *High-High* and *High-Malevolent*. The combination of self-reported justifications for IPPA use and IPPA frequency yielding the five-profile solution, highlighting that justifications for one's use of IPPA is a variable that meaningfully distinguishes this population of men. While one profile distinguished itself by its lack of endorsement to any justification (*Low-Low*), others distinguished themselves by their elevated endorsement of specific categories of justifications. For instance, *Moderate-External* is a profile of men's use of IPPA that involves a tendency to justify their IPPA use as a result of external factors, such as attributing blame to their partner's behaviour, rather than their own. *Moderate-Internal* reflected the opposite pattern, in which these men tended to justify their IPPA use as a result of their own person (i.e., "I am hot-tempered") rather than focus on external factors. Two profiles reported a strong endorsement of all categories of justifications (*High-High* and *High-Malevolent*), but *High-Malevolent*, reported that, among other reasons, their use of IPPA included the goal to

frighten, punish, upset or get back at their partner. The malevolent intent of using IPPA was a main distinguishing factor between *High-High* and *High-Malevolent*.

Comparing the five profiles on variables relevant to IPPA offered a more detailed description of each profile from which we can draw relevant inferences on their general psychological and relational well-being. Consistent with our expectation regarding the comparison variables, a greater frequency of IPPA and higher endorsement of justifications were associated with greater insecure romantic attachment, greater trait-anger, lower relationship satisfaction, elevated presence of psychopathic traits and a greater presence and severity of childhood interpersonal trauma. Unexpectedly, profiles of participants with the greatest percentage of active restraining orders against them and participants that were externally referred to the recruiting organization were associated with higher functioning profiles, such as the *Low-Low* profile. In sum, the results support the heterogeneity in men who use IPPA, highlighting that the way in which they justify its use can be used to suggest additional information about their developmental history, current psychological functioning and consequently, their distinct needs.

Collective Strengths and Implications

Overall, the two presented studies offer a better understanding of how justifications for IPPA use are associated with adult romantic attachment insecurity, how it can be used to classify men who engage in IPPA, and how it can provide indications of psychological functioning. Collectively, these studies contribute to the literature through their novelty, their emphasis on the existing gaps in the literature regarding justification and focus on IPPA and their respective and complementary implications. In addition, this dissertation offers an inclusive review of theoretical frameworks involved in partner aggression, rigorous methodological and statistical

approaches and valuable insights regarding justifications for IPPA use. While the studies are not sequential, they provide valuable complementary information. The two studies investigate self-reported justification for the use of IPPA using diversified samples, methodological and analytical approaches, increasing the generalizability of the results. The study of both a community-based and a “middle-ground” sample provides supplementing information on IPPA justification across populations that differ in the severity of their IPPA use. Moreover, the combined results of both a dyadic mixed-gendered sample and a sample of individual men provide complement information accounting for gender and dyadic influences on IPPA justification. Another collective contribution of the two studies presented in this dissertation is the use of both a variables-centered and a person-centered analytic approach. The first study applies a variable-centered approach to data analysis by using structural equation modelling (i.e., actor-partner interdependence model) to relate independent and dependent variables (Muthén & Muthén, 2000). A variable-centered approach aims to predict the outcome by placing analytic focus on the relationship among variables. Therefore, it is particularly suited for research questions that aim to explain the role of a predictor variable (i.e., romantic attachment) on outcomes variables (i.e., justifications for the use of IPPA; Laursen & Hoff, 2006). However, the dissertation strives to make sense of the association between IPPA justifications and romantic attachment as well as explore its ability to differentiate and group individuals’ uses of IPPA. Consequently, the study also applies a person-centered approach which aims to focus the analysis on the classifications of individuals. The person-centered approach is achieved by using latent profile analysis to find meaningful distinctions by creating profiles among a group of individuals that share a common feature (i.e., use of IPPA; Muthen & Muthen, 2000). Fundamentally, both approaches offer different ways to investigate justifications for the use of

IPPA. Combined, the two studies include: men and women, explore justifications individually and within couples, within a community and a "middle-ground" sample (i.e., a sample sharing characteristics of both a community and a clinical sample) and use person- and variable-centered statistical analyses. In sum, the individual and combined strengths of the studies provide complementary sources of information that, when compared and amalgamated, produce a more holistic conceptualization and interpretation of IPPA justifications. Moreover, the results of the dissertation contribute to the existing knowledge and literature as well as offer relevant theoretical and clinical implications.

The findings highlight important significant associations between justifications for IPPA use and other psychological factors that could yield implications useful to inform clinical practices focused on the assessment and treatment of IPPA. The results of both studies highlight the need for practitioners to assess beyond the presence of IPPA and consider the accompanying justifications to enrich the conceptualization of an individual's use of IPPA. Specifically, the first study's results suggest that individuals with higher levels of attachment anxiety will endorse more justifications for IPPA use. Based on attachment theory, increase use of justifications could reflect a strategy of hyperactivation that unskillfully aims to navigate unmet attachment needs and preserve the emotional bond with the romantic partner. Responding to the situation with more justifications could escalate the IPPA rather than facilitate emotional connection, leading to a negative cycle of interactions with the partner. Results of the second study further supports that a greater endorsement of justification and higher levels of attachment anxiety are associated with a greater frequency of IPPA.

These results suggest that treatment focused on promoting attachment security, such as Emotionally Focused Therapy (EFT) for couples and individuals (Johnson, 2019) could be used

to foster greater attachment security (i.e., by reducing attachment anxiety). While EFT was not specifically developed to treat partner aggression, it is an empirically validated treatment that can guide individuals and couples to achieve greater attachment security by promoting the communication of primary emotions and attachment needs underlying the problematic behaviour (e.g., IPPA) and thoughts (e.g., justifications; Slootmaeckers & Migerode, 2020; Wiebe et al., 2016). While the ethical appropriateness and suitability of couple therapy to treat partner aggression reflects a longstanding debate, more recently, academics have developed detailed roadmaps to safely treat Situational Couple Violence, a bidirectional process of escalating interactions, using EFT (see Slootmaeckers & Migerode, 2020).

In the EFT framework, anger and aggression can be understood as emotional responses triggered by perceived attachment-related fears, such as attachment loss or disconnection resulting in attachment insecurity (Slootmaeckers & Migerode, 2018). Using a three-stage approach, EFT helps each partner to recognize their contribution to the negative cycle of interaction and access unexpressed attachment needs, structure a new cycle of interaction based on communication of primary needs to foster safety in the relationship and consolidate the new cycle (Johnson, 2019). The results of the first study may be particularly useful in the first stage of EFT, the cycle de-escalation, which focuses on the conceptualization of the individual or couple to understand the different factors (e.g., hyperactivating strategies) that contributes to the distress and problematic behaviours (e.g., IPPA; Johnson, 2019; Slootmaeckers & Migerode, 2020). The inclusion of the justifications in this conceptualization could provide a more complete picture of the problematic pattern of IPPA, consequently offering a greater psycho-educational stepping stone to increase insight. Ultimately, changes in strategies that regulate attachment-related distress and restores one's ability to connect with others in adaptive ways could interrupt

the negative cycle of non-optimal, hyperactivated emotion regulation strategies (i.e., justifications) and IPPA use. The presence of severe unidirectional aggression, such as in cases of *Intimate Terrorism*, when one individual uses power and violence to control the other partner, should be carefully assessed as it would constitute a counter-indication for couple therapy, in which case individual therapy is recommendable (Slootmaeckers & Migerode, 2020). Specific guidelines to differentiate *Situational Couple Violence* and *Intimate Terrorism* are available (see Greene & Bogo, 2002).

Many of the variables (e.g., childhood trauma, anger, relationship satisfaction) that were used to compare profiles yielded in the second study were chosen for their well-established theoretical and empirical relevance to IPPA. For decades, these factors that touch on developmental history and psychological functioning have been used to better understand typologies, assess and treat individuals who use intimate partner aggression. The results of the second study demonstrate, once more, the robustness of these variables at distinguishing profiles of men who use IPPA. In addition, the results also strongly support the inclusion of justifications, not only to generate insight on the client's understanding of their IPPA use, but also to be used as information to guide the initial decision-making process of the assessment, conceptualization and treatment of this population. While the use of the profiles does not replace a clinical interview, it may contribute to its efficiency. Appropriate fit between the therapeutic interventions and the client's needs, especially earlier in the treatment process, increases the likelihood of a solid therapeutic alliance, treatment adherence and positive treatment outcome (Carbajosa et al., 2017; see Daly & Pelowski, 2000). This is particularly valuable, as meta-analyses that examine the effectiveness of programs aimed at treating intimate partner aggression report mixed or poor treatment outcomes (Babcock et al., 2004; Eckhardt et al., 2013; Feder & Wilson, 2005). While

these one-size fits all approach to treatment have been used for decades, studies show that customizing treatment based on the individual's specific needs increases treatment effectiveness (Snyder & Anderson, 2009; Zalmanowitz et al., 2013). For this reason, there is great value to continue distinguishing the psychological profiles of men who use partner aggression, in addition to the specific contribution of including justifications and a focus on IPPA as a form of aggression.

Typologies of men's use of partner aggression have been used as guidelines to direct treatment. For instance, the specific characteristics of men in Holtzworth-Munroe and Stuart's (1994)'s *Family Only* profile, in which the use of aggression is limited to the romantic relationship rather than expand in other areas of functioning, has shown to be a good fit for couple's therapy (Stith et al., 2011). Similarly, Johnson (1995)'s *Situational Couple Violence* profile of men depict bi-directional aggression stemming from escalating interactions that trigger attachment related fears and unmet attachment needs (Johnson & Leone, 2005; Kelly & Johnson, 2008; Sloomaeckers & Migerode, 2018) are also considered good candidates for couple therapy (Johnson & Brubacher, 2016; Schneider & Brimhall, 2014). However, men in profiles such as *Intimate Terrorism*, in which aggression is perpetrated by one partner and stems from power, control, and gender differences, are deemed inappropriate for couple therapy, due to the imbalance of power that naturally occurs in unidirectional aggression (see Sloomaeckers & Migerode, 2020; Johnson, 1995). However, these abovementioned typologies focus on physical forms of intimate partner violence and little to no research has tested the use of typologies focusing on IPPA and its justification in treatment settings, highlighting an important gap between research and clinical practice. While the implications offer promising clinical utility, more research is necessary before reporting specific clinical recommendations based on profiles.

In sum, the results of this study contribute to the existing literature by supporting that the investigation of justification offers a unique opportunity to access an individual's understanding of their IPPA behaviours and can be used to meaningfully nuance an individual's psychological profile. However, the results should be considered within the context of their limitations. Future research to increase applicability of the typology's clinical utility are discussed in the following sections.

Limitations and Future Directions

Despite the strengths of these studies, results should be interpreted within the context of their limitations. One of the main limitations of this dissertation is the lack of diversity regarding sexuality, gender, as well as cultural and ethnic backgrounds. The first study presented data gathered in samples of individuals that identified as being in a heterosexual couple relationship, while the second study did not evaluate the participants' sexual orientation. Therefore, the second study sample potentially included diverse sexual orientations; however, no specific data on the matter was retrieved. The second study was also limited to men, reflecting an important limitation. Moreover, the first study's sample was primarily composed of White-identifying individuals (69%), while most participants in the second study sample identified as French Canadian (92.7%). While we cannot make assumptions about who identifies as a visible minority in those who reported being French Canadian in the second study, these statistics suggest that both studies depict little ethnic and cultural diversity. While the samples presented in this dissertation were limited to recruitment restrictions as they were part of more extensive studies, no assumptions can be made regarding the findings' generalizability to more diverse samples. Therefore, all inferences drawn from the results must be interpreted within the context of this specific population. Future research should use recruitment techniques to enlist a more diverse

sample representative of the Canadian gender, sexual orientation, and cultural and ethnic diversity. More specifically, targeted recruitment strategies, such as stratified sampling (see Blair 2015; Kline, 2017), could be designed to parallel the percentages of individuals who identify with the different classification of sexual orientation, gender identity, as well as cultural and ethnic backgrounds based on the Canadian government's statistics of the general population. Moreover, future research may wish to include socio-demographic questions specific to gender identity (i.e., male, female, non-binary; Statistics Canada, 2022a), sexual orientation (i.e., gay, lesbian, bisexual, pansexual, asexual, queer, Two-Spirit, or another minority sexual identity; Statistics Canada, 2022b) as presented by Statistics Canada.

In addition, both studies solely rely on self-reported information, allowing for response biases or systematic deviations in responses which can create errors and threaten the validity of the results (Lavrakas, 2008). Response bias is a general term that can include low introspection, recall bias, and social desirability bias, among others, introduced intentionally or unintentionally by respondents. Social desirability bias refers explicitly to a respondent's tendency to skew responses to present themselves in a more socially desirable way by either over-reporting positive characteristics or underreporting negative ones either as a means of impression-management or self-deception (Paulhus & Vazire, 2007). This may be particularly true with regard to reporting IPPA. However, according to a literature review (see Brener et al., 2003), self-report measures of aggression do not, on average, threaten the validity of the information reported and can be considered reliable. Moreover, appropriately designed self-report measures are considered valid assessment tools. Nonetheless, future research may wish to use multi-model assessments, such as an additional interview, which could allow for a holistic interpretation of the data, limit standard method variance, and mitigate the impacts of such biases.

Another limitation lies within the studies' cross-sectional samples and correlational analyses, which interferes with the ability to draw temporal interpretations of results over time, and causal interpretations on the nature of the associations depicted within the results. Mediational models such as the one used in the first study (i.e., APIM) may suggest temporal precedence; it is, therefore, crucial to interpret the model cautiously as no causality can be inferred between predictor and outcome variables using such a model. Testing the APIM model and typology using a longitudinal design would validate the stability of the results over time and empirically assess the temporal associations between justification and IPPA over time. This may be particularly true for the second study as only 1 out of 24 studies on partner aggression typology include longitudinal data, highlighting an important limitation in this area of research (Holtzworth-Munroe et al., 2003). Moreover, existing typology literature presents mixed reviews on the stability of profiles over time. For instance, Holtzworth-Munroe and colleagues (2003) revealed that some profiles (i.e., family-only violent men) reported a substantial decrease in frequency of aggression over time, while other researchers believe that it is the stable individual traits that are responsible for the rates of partner aggression and thus the classifications do not change over time (Cavanaugh & Gelles, 2005).

Two specific statistical limitations are unique to the first study, the sample size and the use of the conceptual classification internal and external justifications. The statistical assumptions relevant to SEM (i.e., APIM) include a minimum sample of 100 couples (200 participants), linear regressions between variables and a causal model before conducting analyses (Hoyle, 2008; Weston & Gore, 2006). The study met these assumptions except for the recommended sample size of 100 couples (Fincham & Cui, 2010) consequentially increasing the risks of type II errors (i.e., the probability of retaining the null hypothesis when it should be

rejected; Tabachnick & Fidell, 2007) and limiting the study's statistical power. While keeping the limitations of statistical power in mind, SEM remained the most appropriate analytic strategy in that it is one of few statistical models to account for variance between and within dyads.

Moreover, SEM is preferable with samples in which parties are distinguishable, and it yields more accurate effect size estimates relative to traditional techniques (Kenny & Lendermann, 2010; Kline, 2015). For these reasons, the advantages of using SEM to test the model (e.g., assess actor-partner effects, control for the data interdependence) justified the suitability of its use to test the first study's presented hypotheses.

Lastly, the first study refers to internal and external justification, a classification based on the seven scales of the Justification for Partner Psychological Aggression Scale (JPPAS; Lafontaine et al., 2023). The internal and external classification was intended as a conceptual organization of the seven scales used to simplify the analytical model and/or the resulting interpretations. While the notion of internal and external justifications is theoretically sound, the development and validation of a new measure to formalize these categories fell outside the dissertation's scope. Classifying the seven justification scales into internal and external in the first study was a strategy that allowed for the inclusion of all seven scales in the analyses while respecting the statistical guidelines regarding the model and sample size. Specifically, including all seven scales in the APIM model was not an appropriate statistical option considering the sample size necessary to accommodate the intricacies of a 14-outcome variable APIM. The conceptual organization of internal and external justifications allowed us to maintain the wealth of information available in the seven justifications scale without comprising the statistical model. Future research could reproduce the model using individual or different combinations of different scales from the JPPAS.

The presented dissertation denotes other interesting avenues of research in justification for IPPA use. For instance, the results in the first study present compelling correlations and highlight the associations between attachment anxiety and justifications for IPPA use. Future research may want to expand on this by considering the impact of partner pairings, such as pairing participants based on their romantic attachment scores or testing the model with individuals of diversified gender orientation. Gender is theoretically distinguishable. However, the distinguishability of the dyads was tested empirically and revealed that the sample is statistically distinguishable by gender. Testing the model in diverse gender identification (e.g., non-binary) could shed some light on the role of gender in romantic attachment and justification for IPPA use.

Another interesting potential research avenue would be elaborating specific treatment protocols based on the different profiles of men developed in the second study. The development of entirely different treatment programs for each of the five profiles would likely be too cumbersome in clinical settings and reflect an unnecessary use of resources which could further exasperate the gap between research and clinical practice. While this dissertation highlights the importance of attending to the differences among individuals who use IPPA, failing to consider the overlap in their needs could also be detrimental to the feasibility of treatment. Rather, a module-based treatment in which independent modules could be added, removed and prioritized based on the client's profile, obtained via assessment, could reflect a feasible, cost-effective and clinically effective treatment option. The treatment could constitute different combinations of modules that pool from evidence-based treatments and have already shown to be effective in this population. For instance, modules could pertain to a diversity of topics, including emotion regulation, substance use, readiness for change, distress tolerance, empathy, trauma,

interpersonal effectiveness, anger management, mindfulness, and attachment-based couple counselling, among others. A similar module-based approach, initially developed for individuals struggling with substance use (Project Match, NIAAA, 1995), has been tested in populations of individuals who use intimate partner violence and engage in problematic substance use (Murphy and al., 2018; Stuart et al., 2016). However, based on our knowledge, no module based approach has been tested in individuals who use IPPA and do not struggle with substance use. In the context of our findings, a client classified in the profile External justifications indicates a tendency to interpret their use of IPPA as a result of external factors. Based on a systemic review investigating turning points of IPPA treatment, accountability and responsibility for one's behaviours have shown to be a critical ingredient that precedes behavioural change (Sheehan et al., 2012). Therefore, prioritizing a module or therapeutic intervention aimed at increasing treatment motivation and addressing resistance in the early phases of treatment could increase the likelihood of positive treatment outcomes (see Daly & Pelowski, 2000; Sheehan et al., 2012). In sum, while testing the stability of profiles over time, as mentioned above, might reflect a necessary next step prior to the development of profile-specific treatment protocols, the presented findings offer various possibilities for future research that could further contribute to knowledge on intimate partner aggression.

Concluding Statement

In conclusion, the results of this dissertation provide robust evidence of the importance of justifications in the phenomenon of IPPA. First and foremost, the results validate the heterogeneity of individuals who use IPPA by demonstrating that men and women engage in IPPA for a variety of reasons that are not limited to a specific theoretical model (e.g., the patriarchal model). Secondly, the results stress the wealth of information that can be accessed

when looking beyond the presence of IPPA and inquiring about the individual's understanding of their behaviours. Finally, as presented in this dissertation, justifications for IPPA use are distinctly associated with a diversity of factors related to one's wellbeing, warranting its investigation for research or clinical purposes. In sum, these studies contribute to the growing body of literature on IPPA, can be used to inform future research designs and offer some clinical utility. Most importantly, contributing to research on IPPA and its prevention reflects the aspiration that all individuals deserve and should be able to experience the blissfulness of a healthy emotional bond with their romantic partner.

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Appendices

Appendix A
Study 1: Participant Consent Form



Identification Number: _____

Consent form

*Successful couple relationships: Personal and relationship factors
Time 2 EXTENDED VERSION*

I am invited to participate in the follow-up session of the above-mentioned research study conducted by the *Couple Research Lab* at the University of Ottawa under the direction of Dr. Marie-France Lafontaine. This project is funded by the Social Sciences and Humanities Research Council of Canada.

I understand that the purpose of the study is twofold: 1) to better understand individuals' functioning in their couple relationships, and 2) to investigate people's reaction to stress.

My participation will consist essentially of a 2 ½ hours testing session during which I will complete a questionnaire and participate in a 15-minute videotaped discussion on a topic that is a source of conflict in my relationship. Additionally, I, or my partner (based on a random selection), will be invited to take part in a situation and set of experimental procedures that arouse anxiety and distress in most people but that are neither dangerous nor physically demanding. Due to the nature of the experiment, I understand that I cannot be given details about the procedures at this point in time. However, I, or my partner, will be fully informed by the lab technician prior to the experiment and the researcher will answer any questions regarding the procedures after the experiment is completed.

The questionnaires cover a number of topics related to my background information, my couple satisfaction, my intimacy with my partner, perfectionism in my life and my relationship, my attachment in close relationships, my empathy toward my partner, my trust in my partner, my psychological well-being, how I resolve conflicts in my relationship, my sexual satisfaction, how my partner and I cope with difficult situations, the care I provide to my partner, and my overall life satisfaction.

I understand that some questions and the participation in the filmed discussion and in the stressful situation may cause some discomfort. Of course, I am not obligated to answer any questions or to participate in the filmed discussion or the stressful situation if I do not feel comfortable doing so. I also understand that if I feel tired during the testing session, I can ask for a break. My participation in this study will contribute to the development of more comprehensive models of well-being and distress in the context of couple relationships.

I have been assured by the researcher that the information I will share will remain strictly confidential. I understand that the information will only be used for a research purpose and that confidentiality will be respected. My partner and I will be assigned identification numbers and only these numbers will appear on the questionnaires and consent forms. The consent forms and questionnaires will be stored separately in a locked cabinet (Couple Research Lab; 136 Jean-Jacques Lussier) to ensure anonymity and only my identification number will be entered in the database on the computer. Moreover, my filmed discussion will be recorded on a DVD that will also be stored in a locked cabinet. To compensate for our time and to thank us for our help, my partner and I will receive a copy of Dr Sue Johnson's book *Hold me Tight: Seven conversations for a lifetime of love* in order to compensate for our time and transportation fees.

I am under no obligation to participate and if I choose to participate, I may withdraw from the study at any time, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be either destroyed or used for research purpose, at my convenience.

If I have any questions about the study, I may contact the researchers at 613-562-5800, ext. 4471. If I need help, I can contact the **Distress Centre of Ottawa and Region** at 613-238-3311, the **Victim Crisis Offices**, Ottawa Police Service at 613-236-1222, and the **Anti-Violence Program Family Services** at 613-725-3601. If I have any ethical concerns regarding my participation in this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, 550 Cumberland Street, Room 159, (613) 562-5841 or ethics@uottawa.ca.

I, _____, agree to participate in the above research study conducted by the *Couple Research Lab* at the University of Ottawa under the direction of Dr. Marie-France Lafontaine. There are two copies of the consent form, one of which is for me to keep.

Name of the participant
(Please print)

Participant's signature

Sex of the Participant: Male Female

Date: _____

Researcher's signature

Dr. Marie-France Lafontaine, C. Psych.

Couple Research Lab, School of Psychology, University of Ottawa

136 Jean-Jacques Lussier, 4006 Vanier Hall

Ottawa, Ontario, CANADA, K1N 6N5

- I am interested in the results of this study and wish to receive the *Couple Research Lab Newsletter*.
- E-mail: _____
- I do not have an E-mail address; please send it through regular mail.

In a few months, I may be contacted again in order to evaluate long-term effects of people's opinions. In the second phase of the study, I will be asked to fill out a questionnaire from home.

- I **accept** to be contacted again to participate in the second phase of the study.
- I **refuse** to be contacted again to participate in the second phase of the study.

If you plan to move soon, please indicate the name and phone number of a relative or a friend that we could contact in order to be able to contact you at a later point in time.

Name of a relative or a friend

(_____) _____
Phone number

Appendix B

Study 1: Participant Questionnaires



Questionnaires Time 2

Identification Number: _____
 Time 1 testing date: _____
 Time 2 testing date: _____
 Number of Months: _____

SOCIO DEMOGRAPHIC INFORMATION

The following questionnaire involves gathering information with respect to your socio demographic background. For each question, please circle the number beside the appropriate answer.

SD1.	Indicate your sex. 1 = Male	2 = Female
SD2.	What is your age, in years and months? _____ years and _____ months	
SD3a.	What is your marital status? 1 = Married (go to question SD3b) 2 = Common law 3 = Separated 4 = Divorced 5 = Single 6 = Widowed	SD3b. How long have you been married to your partner? _____ years and _____ months
SD4.	How long have you been in this relationship, in years and months? _____ years and _____ months	
SD5.	How long have you been living together with your partner, in years and months? _____ years and _____ months	
SD6.	How many children do you have with your partner? _____	
SD7.	Indicate the highest educational degree you have received. 1 = University 2 = College 3 = High school 4 = Primary school	
SD8a.	What is your main daily activity? 1 = Blue collar (construction, factory worker, manual work, etc.) 2 = White collar (administrator, lawyer, director, office work, sales, etc.) 3 = Enterprise owner or self-worker	4 = Unemployed 5 = Student 6 = Stay at home 7 = Other, specify: _____ (SD8b)
SD9.	What is your annual personal gross revenue (before tax and deductions)? _____	

REASONS FOR MY BEHAVIOUR TOWARD MY PARTNER (JPPAS)

The following questionnaire deals with reasons for using certain behaviours in conflict situations. Below is a list of behaviours that people sometimes use in conflict situations with their partners.

JPPAS. In the past year, did you:

	Yes	No
a ...insult, put down or call your partner names?	1	0
b ...make your partner feel guilty?	1	0
c ...destroy your partner's property or smash other objects?	1	0
d ...swear, shout or yell at your partner?	1	0
e ...walk away from your partner during a disagreement?	1	0
f ...threaten to hurt or leave your partner?	1	0
g ...do something to annoy your partner?	1	0
h ...stalked your partner?	1	0
i ...use frightening or intimidating looks and/or gestures toward your partner?	1	0
j ...try to restrain what your partner does, who he/she talks to, or where he/she goes?	1	0
k ...humiliate your partner in front of others?	1	0
l ...bring up the past to hurt your partner?	1	0
m ...give your partner the silent treatment?	1	0
n ...withhold affection or privileges from your partner?	1	0
o ...order your partner around?	1	0
p ...tell your partner that his/her feelings or thoughts were ridiculous, absurd or crazy?	1	0
q ...blame your partner for your difficulties or because you were upset about something?	1	0
r ...prevent your partner from socializing with friends/family members or get support from them?	1	0

If you answered "yes" to one or more item(s) above, please complete the following section. If you answered "no" to all items above, skip to the next questionnaire.

In the table below is a list of possible reasons for using the above-listed behaviours in conflict situations. Please indicate the reasons why you used these behaviours (the ones you reported) with your partner. Some reasons may apply to one behaviour only, whereas other reasons may apply to more than one behaviour.

Not at all true		Somewha t true		Moderate ly true		Very true		Complete ly true						
1	2	3	4	5	6	7	8	9						
I initiated the behaviour(s) because...														
JPPAS1. I felt frustrated.						1	2	3	4	5	6	7	8	9
JPPAS2. I wanted to defend my point of view.						1	2	3	4	5	6	7	8	9
JPPAS3. I wanted to frighten my partner.						1	2	3	4	5	6	7	8	9
JPPAS4. I worried about being abandoned.						1	2	3	4	5	6	7	8	9
JPPAS5. I have a hot temper.						1	2	3	4	5	6	7	8	9
JPPAS6. I have low self-esteem.						1	2	3	4	5	6	7	8	9
JPPAS7. My parents behaved this way towards me.						1	2	3	4	5	6	7	8	9
JPPAS8. My partner had provoked me.						1	2	3	4	5	6	7	8	9
JPPAS9. I wanted my partner to consider my perspective.						1	2	3	4	5	6	7	8	9
JPPAS10. I was afraid of losing my partner.						1	2	3	4	5	6	7	8	9
JPPAS11. I am impatient.						1	2	3	4	5	6	7	8	9
JPPAS12. I have seen my parents behaving this way towards each other.						1	2	3	4	5	6	7	8	9
JPPAS13. My partner did or said something hurtful.						1	2	3	4	5	6	7	8	9
JPPAS14. My partner and I had a different opinion.						1	2	3	4	5	6	7	8	9
JPPAS15. I wanted to punish my partner.						1	2	3	4	5	6	7	8	9
JPPAS16. I was afraid my partner would leave me.						1	2	3	4	5	6	7	8	9
JPPAS17. I am depressed.						1	2	3	4	5	6	7	8	9
JPPAS18. I was brought up to act this way.						1	2	3	4	5	6	7	8	9
JPPAS19. My partner acted in a similar manner.						1	2	3	4	5	6	7	8	9
JPPAS20. I wanted to upset my partner.						1	2	3	4	5	6	7	8	9
JPPAS21. I am impulsive.						1	2	3	4	5	6	7	8	9
JPPAS22. I can't assert myself.						1	2	3	4	5	6	7	8	9
JPPAS23. I wanted to get back at my partner.						1	2	3	4	5	6	7	8	9
JPPAS24. My partner pushed me to my limits.						1	2	3	4	5	6	7	8	9

Appendix C
Study 2: Participant Consent Form



FORMULAIRE D'INFORMATION ET DE CONSENTEMENT

Vous êtes invité(e) à participer au projet de recherche présenté dans ce document. S'il y a des mots que vous ne comprenez pas, n'hésitez pas à poser des questions. Pour participer au projet, vous devez signer ce document et nous vous en remettons une copie signée et datée. Prenez le temps nécessaire pour prendre votre décision.

Titre du projet de recherche

Portrait des hommes et femmes consultant un service d'aide pour difficultés de couple ou violence conjugale.

Personne responsable du projet

La professeure Audrey Brassard, du Département de psychologie de l'Université de Sherbrooke est la chercheuse principale de cette étude. Elle peut être jointe au 819-821-8000, poste 65276.

Objectifs du projet, nature de la participation volontaire et droit de retrait

Ce projet vise décrire les hommes et femmes qui consultent un service d'aide psychologique en termes de bien-être, d'attachement, de stratégies de gestion de la colère et des conflits, de satisfaction conjugale, etc. Vous aurez à répondre à un questionnaire d'une durée de 45 à 60 minutes. Votre participation à ce projet de recherche est volontaire et vous pouvez, à tout moment, arrêter votre participation. Votre décision de ne pas participer à ce projet ou de vous en retirer n'aura aucune conséquence sur la qualité des services auxquels vous avez droit ou sur votre relation avec les intervenants.

Avantages, inconvénients et risques pouvant découler de la participation

Votre participation à cette recherche pourra aider votre intervenant à faire une évaluation plus complète de vos difficultés et orienter son travail pour vous aider. Elle contribuera aussi à l'avancement des connaissances concernant les difficultés de couple ou de violence. Votre participation implique peu d'inconvénients, mis à part le temps pour remplir les questionnaires. Il est possible que vous ressentiez de la fatigue ou un malaise à la lecture de ceux-ci. Si vous ressentez un malaise, il est possible d'en discuter avec votre intervenant.

Confidentialité, partage, surveillance et publications

Tous les renseignements recueillis au cours de ce projet sont strictement confidentiels dans les limites prévues par la loi. Vous ne serez identifié que par un code. Les données de recherche pourront être utilisées par la chercheuse et ses étudiants de doctorat afin d'être publiées dans des revues ou congrès scientifiques, mais il sera impossible de vous identifier. Les questionnaires recueillis seront conservés, sous clé, pendant au moins 5 ans par la chercheuse, puis détruits. Vous avez le droit de consulter votre dossier de recherche pour vérifier les renseignements recueillis et les faire modifier au besoin.

Consentement libre et éclairé

J'ai lu ce formulaire d'information et de consentement. On m'a expliqué le projet et le formulaire d'information et de consentement. On a répondu à mes questions et on m'a laissé le temps voulu pour prendre une décision. Après réflexion, je consens à participer à ce projet de recherche aux conditions qui y sont énoncées.

Signature du participant : _____

Date : _____
Jour / Mois / Année

Signature de la personne responsable de l'obtention du consentement

J'ai expliqué au participant le projet de recherche et j'ai répondu aux questions qu'il m'a posées.

Signature de l'intervenant qui _____
obtient le consentement

Date : _____
Jour / Mois / Année

Engagement de la chercheuse responsable du projet de recherche

Je m'engage, avec l'équipe de recherche, à respecter ce qui a été convenu dans ce formulaire d'information et de consentement et à en remettre une copie signée et datée à la personne participante.

Appendix D
Study 2: Participant Questionnaires

Date d'aujourd'hui

Jour / Mois / Année

Code _____

QUESTIONNAIRE DE RENSEIGNEMENTS SOCIODÉMOGRAPHIQUES

INFORMATIONS PERSONNELLES

1. Sexe : Masculin 2. Âge : _____
 Féminin
3. Occupation : Présentement sans emploi 4. Niveau de Primaire
 Emploi temps partiel scolarité complété : Secondaire
 Emploi à temps plein Cégep
 Emploi saisonnier Université
 Étudiant à temps plein
 Retraité
5. Revenu annuel brut : _____
6. Avez-vous déjà consulté un professionnel de la santé psychologique Non
dans le passé (psychologue, psycho-éducateur, travailleur social, etc.) ? Oui

STATUT CONJUGAL ET FAMILIAL

7. État civil : Célibataire n'ayant eu aucune relation amoureuse
 Célibataire ayant déjà eu une ou plusieurs relations antérieures
 En couple mais n'habitant pas ensemble (fréquentation)
 En couple et habitant ensemble (cohabitation)
 Marié(e)
 Veuf (veuve)
 Séparé (e) ou divorcé (e)
8. Si vous êtes en couple, depuis combien de temps dure votre relation ? _____ ans
9. Au total, combien avez-vous eu de relations durables (durée d'au moins six (6) mois avec intention de relation à plus long terme) ? _____
10. Combien avez-vous d'enfants (union actuelle et unions précédentes)? _____
11. Combien d'enfants habitent avec vous actuellement? _____

ANTÉCÉDENTS ET MOTIF DE CONSULTATION

12. Avez-vous déjà vécu dans une famille d'accueil ou une ressource similaire (p. ex. : Centre jeunesse, foyer de groupe) ?
- Non Passez à la question 13
- Oui Si oui... a) à partir de quel âge ? _____
- b) dans combien de ressources avez-vous vécu ? _____
- c) combien d'années en tout ? _____

13. a) Dans votre enfance / adolescence, avez-vous été **témoin** de violence physique de la part de vos parents ou tuteurs? Non
 Oui

13. b) Dans votre enfance / adolescence, avez-vous été **victime** de violence physique de la part de vos parents ou tuteurs? Non
 Oui

14. Dans votre enfance / adolescence, avez-vous déjà été victime d'abus sexuel? Non
 Oui

15. a) Dans une semaine-type, combien de consommations d'alcool (bière, vin, spiritueux) prenez-vous en moyenne? _____

15. b) Dans une semaine-type, combien fois consommez-vous de la drogue (pot, speed, ecstasy, cocaïne, etc.) en moyenne? _____

16. Prenez-vous de la médication pour une problématique de santé mentale actuellement ?

- Non Passez à la question 17
 Oui

Si oui... a) nom du médicament _____

b) à quelle dose ? _____

c) à quelle fréquence ? _____

d) pour quelle problématique ? _____

17. Comment avez-vous été référé au Seuil de l'Estrée ?

- Par moi-même
 Par un (e) ami (e) ou membre de la famille
 Par un autre professionnel (médecin, travailleur social, infirmière, etc.)
 Par ordre de la cour
 Par la recommandation du Centre Jeunesse
 Autre : _____

18. Avez-vous reçu une interdiction de contact avec votre famille ou conjoint(e)?

- Non
 Oui Si oui... a) Avez-vous déjà brisé l'interdiction ? Non
 Oui

QUESTIONNAIRE SUR LES EXPÉRIENCES AMOUREUSES

Consigne : Les énoncés suivants se rapportent à la manière dont vous vous sentez à l'intérieur de vos relations amoureuses. Nous nous intéressons à la manière dont **vous vivez généralement ces relations et non seulement à ce que vous vivez dans votre relation actuelle**. Répondez à chacun des énoncés en indiquant jusqu'à quel point vous êtes en accord ou en désaccord. Inscrivez le chiffre correspondant à votre choix dans l'espace réservé à cet effet selon l'échelle suivante :

Fortement en désaccord			Neutre / partagé(e)			Fortement en accord
1	2	3	4	5	6	7

- 1 _____ Je m'inquiète à l'idée d'être abandonné(e).
- 2 _____ Je m'inquiète beaucoup au sujet de mes relations.
- 3 _____ J'ai peur que mes partenaires amoureux(es) ne soient pas autant attaché(e)s à moi que je le suis à eux(elles).
- 4 _____ Je deviens mal à l'aise lorsque mon/ma partenaire amoureux(se) veut être très près de moi.
- 5 _____ Je m'inquiète pas mal à l'idée de perdre mon/ma partenaire.
- 6 _____ Je ne me sens pas à l'aise de m'ouvrir à mon/ma partenaire.
- 7 _____ Je deviens nerveux(se) lorsque mes partenaires se rapprochent trop de moi.
- 8 _____ Je m'inquiète à l'idée de me retrouver seul(e).
- 9 _____ Je me sens à l'aise de partager mes pensées intimes et mes sentiments avec mon(ma) partenaire.
- 10 _____ J'ai un grand besoin que mon/ma partenaire me rassure de son amour.
- 11 _____ Il m'est relativement facile de me rapprocher de mon/ma partenaire.
- 12 _____ Parfois, je sens que je force mes partenaires à me manifester davantage leurs sentiments et leur engagement.
- 13 _____ Je préfère ne pas être trop près de mes partenaires amoureux(es).
- 14 _____ Lorsque je n'arrive pas à faire en sorte que mon/ma partenaire s'intéresse à moi, je deviens peiné(e) ou fâché(e).
- 15 _____ Je dis à peu près tout à mon/ma partenaire.
- 16 _____ Je trouve que mes partenaires ne veulent pas se rapprocher de moi autant que je le voudrais.
- 17 _____ Habituellement, je discute de mes préoccupations et de mes problèmes avec mon/ma partenaire.
- 18 _____ Je me sens à l'aise de compter sur mes partenaires amoureux(es).
- 19 _____ Je deviens frustré(e) lorsque mon/ma partenaire n'est pas là aussi souvent que je le voudrais.
- 20 _____ Cela ne me dérange pas de demander du réconfort, des conseils ou de l'aide à mes partenaires amoureux(es).

QUESTIONNAIRE SUR LA RÉOLUTION DES CONFLITS CONJUGAUX

RÉPONDRE AU QUESTIONNAIRE SI VOUS AVEZ ÉTÉ EN COUPLE DANS LA DERNIÈRE ANNÉE.

Consigne : Même si un couple s'entend très bien, il peut arriver que les conjoints aient des différends, qu'ils se contrarient, qu'ils aient des attentes différentes ou qu'ils aient des prises de bec ou des disputes simplement parce qu'ils sont de mauvaise humeur, fatigués ou pour une autre raison. Ils utilisent également de nombreux moyens pour essayer de résoudre leurs conflits. Vous trouverez ci-dessous une liste de moyens qui peuvent avoir été utilisés lorsque vous et votre conjointe étiez en désaccord. Encerchez le nombre de fois que vous avez utilisé ces moyens et combien de fois votre partenaire les a utilisés au cours de la dernière année. Si vous ou votre partenaire n'avez pas utilisé ces moyens au cours de la dernière année, mais vous les avez déjà utilisés, encerchez le chiffre 7.

1 = 1 fois au cours de la dernière année	5 = 11 à 20 fois au cours de la dernière année
2 = 2 fois au cours de la dernière année	6 = + de 20 fois au cours de la dernière année
3 = 3 à 5 fois au cours de la dernière année	7 = pas au cours de la dernière année, mais c'est déjà arrivé avant
4 = 6 à 10 fois au cours de la dernière année	0 = ceci n'est jamais arrivé

1. J'ai montré à ma partenaire que j'étais attaché à elle, même si nous étions en désaccord.	1	2	3	4	5	6	7	0
2. Ma partenaire m'a montré qu'elle était attachée à moi, même si nous étions en désaccord.	1	2	3	4	5	6	7	0
3. J'ai expliqué à ma partenaire mon point de vue concernant notre désaccord.	1	2	3	4	5	6	7	0
4. Ma partenaire m'a expliqué son point de vue concernant notre désaccord.	1	2	3	4	5	6	7	0
5. J'ai insulté ma partenaire ou je me suis adressé à elle en sacrant.	1	2	3	4	5	6	7	0
6. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
7. J'ai lancé un objet à ma partenaire qui pouvait la blesser.	1	2	3	4	5	6	7	0
8. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
9. J'ai tordu le bras ou j'ai tiré les cheveux de ma partenaire.	1	2	3	4	5	6	7	0
10. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
11. J'ai eu une entorse, une ecchymose (un bleu) ou une petite coupure à cause d'une bagarre avec ma partenaire.	1	2	3	4	5	6	7	0
12. Ma partenaire a eu une entorse, une ecchymose (un bleu) ou une petite coupure à cause d'une bagarre avec moi.	1	2	3	4	5	6	7	0
13. J'ai respecté le point de vue de ma partenaire lors d'un désaccord.	1	2	3	4	5	6	7	0
14. Ma partenaire a respecté mon point de vue lors d'un désaccord.	1	2	3	4	5	6	7	0
15. J'ai obligé ma partenaire à avoir des relations sexuelles sans condom.	1	2	3	4	5	6	7	0
16. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
17. J'ai poussé ou bousculé ma partenaire.	1	2	3	4	5	6	7	0
18. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
19. J'ai utilisé la force (comme frapper, maintenir au sol, utiliser une arme) pour obliger ma partenaire à avoir des relations sexuelles orales ou anales.	1	2	3	4	5	6	7	0
20. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0

1 = 1 fois au cours de la dernière année	5 = 11 à 20 fois au cours de la dernière année
2 = 2 fois au cours de la dernière année	6 = + de 20 fois au cours de la dernière année
3 = 3 à 5 fois au cours de la dernière année	7 = pas au cours de la dernière année, mais c'est déjà arrivé avant
4 = 6 à 10 fois au cours de la dernière année	0 = ceci n'est jamais arrivé

21. J'ai menacé ma partenaire avec un couteau ou une arme.	1	2	3	4	5	6	7	0
22. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
23. Je me suis évanoui après avoir été frappé à la tête lors d'une bagarre avec ma partenaire.	1	2	3	4	5	6	7	0
24. Ma partenaire s'est évanouie après avoir été frappée à la tête lors d'une bagarre avec moi.	1	2	3	4	5	6	7	0
25. J'ai traité ma partenaire de grosse ou de laide.	1	2	3	4	5	6	7	0
26. Ma partenaire m'a traité de gros ou de laid.	1	2	3	4	5	6	7	0
27. J'ai donné un coup-de-poing à ma partenaire ou je l'ai frappée avec un objet qui aurait pu la blesser.	1	2	3	4	5	6	7	0
28. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
29. J'ai détruit quelque chose qui appartenait à ma partenaire.	1	2	3	4	5	6	7	0
30. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
31. J'ai consulté un médecin à la suite d'une bagarre avec ma partenaire.	1	2	3	4	5	6	7	0
32. Ma partenaire a consulté un médecin à la suite d'une bagarre avec moi.	1	2	3	4	5	6	7	0
33. J'ai tenté d'étrangler ma partenaire.	1	2	3	4	5	6	7	0
34. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
35. J'ai hurlé ou crié après ma partenaire.	1	2	3	4	5	6	7	0
36. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
37. J'ai projeté brutalement ma partenaire contre le mur.	1	2	3	4	5	6	7	0
38. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
39. J'ai dit que j'étais certain que nous pouvions résoudre un problème.	1	2	3	4	5	6	7	0
40. Ma partenaire était certaine que nous pouvions le résoudre.	1	2	3	4	5	6	7	0
41. J'aurais eu besoin de consulter un médecin à la suite d'une bagarre avec ma partenaire, mais je ne l'ai pas fait.	1	2	3	4	5	6	7	0
42. Ma partenaire aurait eu besoin de consulter un médecin à la suite d'une bagarre avec moi, mais elle ne l'a pas fait.	1	2	3	4	5	6	7	0
43. J'ai battu ma partenaire.	1	2	3	4	5	6	7	0
44. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
45. J'ai agrippé brusquement ma partenaire	1	2	3	4	5	6	7	0
46. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
47. J'ai utilisé la force (comme frapper, maintenir au sol, utiliser une arme) pour obliger ma partenaire à avoir des relations sexuelles.	1	2	3	4	5	6	7	0
48. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
49. Lors d'un désaccord, je suis sorti de la pièce, de la maison ou de la cour bruyamment.	1	2	3	4	5	6	7	0
50. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0

1 = 1 fois au cours de la dernière année	5 = 11 à 20 fois au cours de la dernière année
2 = 2 fois au cours de la dernière année	6 = + de 20 fois au cours de la dernière année
3 = 3 à 5 fois au cours de la dernière année	7 = pas au cours de la dernière année, mais c'est déjà arrivé avant
4 = 6 à 10 fois au cours de la dernière année	0 = ceci n'est jamais arrivé

51. J'ai insisté pour avoir des relations sexuelles avec ma partenaire alors qu'elle ne voulait pas (mais sans utiliser la force physique).	1	2	3	4	5	6	7	0
52. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
53. J'ai giflé ma partenaire.	1	2	3	4	5	6	7	0
54. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
55. J'ai subi une fracture à la suite d'une bagarre avec ma partenaire.	1	2	3	4	5	6	7	0
56. Ma partenaire a subi une fracture à la suite d'une bagarre avec moi.	1	2	3	4	5	6	7	0
57. J'ai menacé ma partenaire afin d'avoir des relations sexuelles orales ou anales.	1	2	3	4	5	6	7	0
58. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
59. J'ai proposé un compromis lors d'un désaccord.	1	2	3	4	5	6	7	0
60. Ma partenaire a fait cela.	1	2	3	4	5	6	7	0
61. J'ai brûlé ou ébouillanté ma partenaire volontairement.	1	2	3	4	5	6	7	0
62. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
63. J'ai insisté auprès de ma partenaire pour avoir des relations sexuelles orales ou anales (mais je n'ai pas utilisé la force physique).	1	2	3	4	5	6	7	0
64. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
65. J'ai accusé ma partenaire d'être nulle comme amante.	1	2	3	4	5	6	7	0
66. Ma partenaire m'a accusé de cela.	1	2	3	4	5	6	7	0
67. J'ai fait quelque chose pour contrarier ma partenaire.	1	2	3	4	5	6	7	0
68. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
69. J'ai menacé de frapper ou de lancer un objet à ma partenaire.	1	2	3	4	5	6	7	0
70. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
71. À la suite d'une bagarre avec ma partenaire, j'ai ressenti une douleur physique jusqu'au lendemain.	1	2	3	4	5	6	7	0
72. À la suite d'une bagarre survenue entre nous, ma partenaire a ressenti une douleur physique jusqu'au lendemain.	1	2	3	4	5	6	7	0
73. J'ai donné un coup de pied à ma partenaire.	1	2	3	4	5	6	7	0
74. Ma partenaire m'a fait cela	1	2	3	4	5	6	7	0
75. J'ai utilisé des menaces pour avoir des relations sexuelles avec ma partenaire.	1	2	3	4	5	6	7	0
76. Ma partenaire m'a fait cela.	1	2	3	4	5	6	7	0
77. Lors d'un désaccord, j'ai accepté d'essayer la solution que ma partenaire a proposée.	1	2	3	4	5	6	7	0
78. Ma partenaire a accepté d'essayer la solution que j'ai proposée.	1	2	3	4	5	6	7	0

RAISONS DE MON COMPORTEMENT ENVERS MON/MA CONJOINT/E

Le questionnaire suivant porte sur les raisons données pour l'utilisation de certains comportements dans des situations de conflit. *Vous devez avoir été en couple dans la dernière année pour répondre.* Voici une liste de comportements auxquels les gens ont parfois recours dans des situations de conflit avec leur conjoint/e.

J1. **Au cours de la dernière année**, avez-vous :

	Oui	Non
a ...insulté, rabaissé votre conjoint/e ou lui avez-vous crié des noms?	1	0
b ...tenté de culpabiliser votre conjoint/e?	1	0
c ...détruit les biens de votre conjoint/e ou brisé d'autres objets?	1	0
d ...sacré, crié ou hurlé après votre conjoint/e?	1	0
e ...quitté la pièce lors d'un désaccord avec votre conjoint/e?	1	0
f ...menacé de blesser ou de quitter votre conjoint/e?	1	0
g ...fait quelque chose pour énerver votre conjoint/e?	1	0
h ...traqué ou harcelé votre conjoint/e?	1	0
i ... jeté des regards et/ou posé des gestes effrayants ou intimidants envers votre conjoint/e	1	0
j ... tenté de limiter les gestes, les actions, les conversations avec d'autres personnes ou les allées et venues de votre conjoint/e?	1	0
k ...humilié votre conjoint/e devant d'autres personnes?	1	0
l ...ramené des faits du passé pour blesser votre conjoint/e?	1	0
m ...boudé votre conjoint/e?	1	0
n ...refusé de donner de l'affection à votre conjoint/e ?	1	0
o ...donné des ordres à votre conjoint/e?	1	0
p ...dit à votre conjoint/e que ses émotions ou ses pensées étaient ridicules, absurdes ou folles?	1	0
q ...blâmé votre conjoint/e pour vos problèmes ou parce que vous étiez bouleversé/e à propos de quelque chose?	1	0
r ...empêché votre conjoint/e de socialiser ou de recevoir du soutien d'amis ou de membres de sa famille?	1	0

Si vous avez répondu « oui » à au moins une des questions ci-dessus, passez à la section suivante. Si vous avez répondu « non » à toutes les questions, ne pas y répondre.

Le tableau qui suit présente une liste de raisons invoquées pour utiliser les comportements de conflit énoncés ci-haut. Veuillez indiquer les raisons pour lesquelles vous avez eu recours à ces comportements (ceux que vous avez rapportés en répondant « oui ») envers votre conjoint/e. Certaines raisons peuvent s'appliquer à un comportement seulement, alors que d'autres raisons peuvent s'appliquer à plusieurs comportements.

Pas du tout vrai	Un peu vrai		Modérément vrai		Très vrai		Complètement vrai	
1	2	3	4	5	6	7	8	9

J'ai utilisé ce(s) comportement(s) parce que...									
1. J'étais frustré/e.	1	2	3	4	5	6	7	8	9
2. Je voulais défendre mon point de vue.	1	2	3	4	5	6	7	8	9
3. Je voulais effrayer mon/ma conjoint/e.	1	2	3	4	5	6	7	8	9
4. J'avais peur d'être abandonné/e par mon/ma conjoint/e.	1	2	3	4	5	6	7	8	9
5. J'ai un mauvais caractère.	1	2	3	4	5	6	7	8	9
6. J'ai une faible estime de moi.	1	2	3	4	5	6	7	8	9
7. Mes parents ont agi de cette façon envers moi.	1	2	3	4	5	6	7	8	9
8. Mon/ma conjoint/e m'avait provoqué/e.	1	2	3	4	5	6	7	8	9
9. Je voulais que mon/ma conjoint/e considère mon point de vue.	1	2	3	4	5	6	7	8	9
10. J'avais peur de perdre mon/ma conjoint/e.	1	2	3	4	5	6	7	8	9
11. Je suis impatient/e.	1	2	3	4	5	6	7	8	9
12. J'ai vu mes parents agir de cette façon l'un envers l'autre.	1	2	3	4	5	6	7	8	9
13. Mon/ma conjoint/e a dit ou fait quelque chose de blessant.	1	2	3	4	5	6	7	8	9
14. Mon/ma conjoint/e et moi avions des opinions différentes.	1	2	3	4	5	6	7	8	9
15. Je voulais punir mon/ma conjoint/e.	1	2	3	4	5	6	7	8	9
16. J'avais peur que mon/ma conjoint/e me quitte.	1	2	3	4	5	6	7	8	9
17. Je suis déprimé/e.	1	2	3	4	5	6	7	8	9
18. J'ai été éduqué/e à agir ainsi.	1	2	3	4	5	6	7	8	9
19. Mon/ma conjoint/e a agi de la même façon avec moi.	1	2	3	4	5	6	7	8	9
20. Je voulais contrarier mon/ma conjoint/e.	1	2	3	4	5	6	7	8	9
21. Je suis impulsif/ve.	1	2	3	4	5	6	7	8	9
22. Je suis incapable de m'affirmer.	1	2	3	4	5	6	7	8	9
23. Je voulais me venger de mon/ma conjoint/e.	1	2	3	4	5	6	7	8	9
24. Mon/ma conjoint/e m'avait poussé/e à mes limites.	1	2	3	4	5	6	7	8	9

Lafontaine, Péloquin, Brassard, & Gaudreau (unpublished manuscript).

LES ATTITUDES

Consigne : Les énoncés présentés ci-dessous expriment différentes opinions pour lesquelles il n'y a ni bonnes, ni mauvaises réponses. Vous serez probablement en désaccord avec certains des items et en accord avec d'autres. Lisez attentivement chaque énoncé et encerclez le chiffre qui décrit le mieux dans quelle mesure vous êtes en accord ou en désaccord avec l'énoncé ou jusqu'à quel point il s'applique à vous.

	Fortement en désaccord	Quelque peu en désaccord	Quelque peu en accord	Fortement en accord
1. Le succès est fondé sur la loi du plus fort; je ne me soucie pas des perdants.	1	2	3	4
2. Pour moi, tout est correct du moment que je m'en tire bien.	1	2	3	4
3. Dans le monde d'aujourd'hui, je me sens justifié(e) de faire n'importe quoi pour réussir.	1	2	3	4
4. Mon but principal dans la vie, c'est d'aller chercher le plus de bonnes choses possibles.	1	2	3	4
5. Mon premier but, c'est de faire beaucoup d'argent.	1	2	3	4
6. Je laisse aux autres le souci des belles valeurs; moi, je me préoccupe du résultat final.	1	2	3	4
7. En général, les gens qui sont assez stupides pour se faire avoir le méritent.	1	2	3	4
8. Ma priorité absolue, ce sont mes propres intérêts.	1	2	3	4
9. Je dis aux autres ce qu'ils veulent bien entendre pour les amener à faire ce que je veux.	1	2	3	4
10. Ça me dérangerait que la réussite me vienne aux dépens d'un autre.	1	2	3	4
11. Souvent, ça me plaît bien une belle petite combine.	1	2	3	4
12. Je me fais un point d'honneur de ne pas blesser les autres dans la poursuite de mes intérêts.	1	2	3	4
13. Je prends plaisir à jouer avec les sentiments des autres.	1	2	3	4
14. Je me sens mal si mes paroles ou mes gestes font de la peine à quelqu'un.	1	2	3	4
15. Même si j'essaie à tout prix de vendre quelque chose, je n'irais pas jusqu'à mentir pour le faire.	1	2	3	4
16. Ce n'est pas bien de tricher parce que c'est injuste pour les autres.	1	2	3	4
17. Je me retrouve devant le même type de problèmes d'une fois à l'autre.	1	2	3	4
18. J'éprouve souvent de l'ennui.	1	2	3	4
19. Je me sens capable de poursuivre un même but sur une longue période de temps.	1	2	3	4
20. Je ne fais pas de projets très longtemps à l'avance.	1	2	3	4
21. Je perds vite intérêt dans ce que j'entreprends.	1	2	3	4
22. La plupart de mes problèmes viennent du fait que les autres ne me comprennent tout simplement pas.	1	2	3	4
23. Avant de faire quoi que ce soit, j'en pèse toutes les conséquences possibles.	1	2	3	4
24. J'ai eu un tas d'engueulades avec d'autres personnes.	1	2	3	4
25. Quand je suis frustré(e), souvent je me défoule en piquant une crise de colère.	1	2	3	4
26. On surestime l'amour.	1	2	3	4

BIDR

Servez-vous de cette échelle de valeurs et inscrivez un chiffre à côté de chaque énoncé pour indiquer jusqu'à quel point vous êtes d'accord.

- | | | | | | | |
|-----------------|---|-------------|---|-----------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totalement faux | | Un peu vrai | | Totalement vrai | | |
- ___ 1. Il me serait difficile de me défaire de n'importe laquelle de mes mauvaises habitudes.
 - ___ 2. Je n'ai pas toujours été honnête envers moi-même.
 - ___ 3. Je sais toujours pourquoi j'aime quelque chose.
 - ___ 4. Une fois que je me suis décidé(e), on peut rarement me faire changer d'opinion.
 - ___ 5. Je suis maître (maîtresse) de mon destin.
 - ___ 6. Je ne regrette jamais mes décisions.
 - ___ 7. Je vote parce que mon vote peut faire la différence.
 - ___ 8. Mes parents n'étaient pas toujours justes lorsqu'ils me punissaient.
 - ___ 9. J'ai parfois douté de mes capacités en tant qu'amant(e).
 - ___ 10. Je ne comprends pas toujours les raisons qui me poussent à faire les choses que je fais.
 - ___ 11. Parfois je mens, s'il le faut.
 - ___ 12. J'obéis toujours aux lois, même s'il est peu probable que je me fasse prendre.
 - ___ 13. Je déclare toujours tout aux douanes.
 - ___ 14. Il m'arrivait parfois de voler quand j'étais jeune.
 - ___ 15. Je n'ai jamais jeté de déchets dans la rue.
 - ___ 16. Je ne lis jamais des livres ou des revues érotiques.
 - ___ 17. J'ai pris des congés de maladie au travail ou à l'école, même si je n'étais pas vraiment malade.
 - ___ 18. Je ne fais pas de commérage au sujet des affaires des autres.

L'EXPÉRIENCE DE LA COLÈRE

Le présent questionnaire est divisé en trois parties. Chaque partie contient un certain nombre d'énoncés que les gens utilisent pour décrire leurs sentiments et leurs comportements. Veuillez noter que chaque partie possède des directives *différentes*. Lisez **attentivement** les directives pour chacune des parties. Il n'y a pas de bonnes ou mauvaises réponses. À chaque énoncé, donnez la réponse qui vous décrit le mieux.

1^{re} partie

Consigne : Plusieurs énoncés que les gens utilisent pour se décrire sont présentés ci-dessous. Lisez chaque énoncé et encerclez le chiffre représentant ce que vous ressentez *en ce moment*.

Ce que je ressens en ce moment ...

	Pas du tout	Un peu	Modérément	Beaucoup
1. Je suis furieux(se).	1	2	3	4
2. Je me sens irrité(e).	1	2	3	4
3. Je me sens fâché(e).	1	2	3	4
4. J'ai envie de crier après quelqu'un.	1	2	3	4
5. J'ai envie de briser quelque chose.	1	2	3	4
6. Je suis enragé(e).	1	2	3	4
7. J'ai envie de donner un coup de point sur la table.	1	2	3	4
8. J'ai envie de frapper quelqu'un.	1	2	3	4
9. Je suis à bout de nerfs.	1	2	3	4
10. J'ai envie de sacrer.	1	2	3	4

2^e partie

Consigne : Plusieurs énoncés que les gens utilisent pour se décrire sont présentés ci-dessous. Lisez chaque énoncé et encerclez le chiffre représentant ce que vous ressentez *généralement*.

Ce que je ressens généralement ...

	Presque jamais	Parfois	Souvent	Presque toujours
11. Je m'emporte facilement.	1	2	3	4
12. J'ai un tempérament vif et colérique.	1	2	3	4
13. J'ai un caractère prompt.	1	2	3	4
14. Je me mets en colère lorsque je suis ralenti(e) par les erreurs des autres personnes.	1	2	3	4
15. Je me sens contrarié(e) lorsque je fais du bon travail et que je ne reçois pas de reconnaissance.	1	2	3	4
16. Je perds facilement le contrôle.	1	2	3	4
17. Quand je m'enrage, je dis des choses méchantes.	1	2	3	4
18. Ça me rend furieux (se) de me faire critiquer devant d'autres personnes.	1	2	3	4
19. Quand je suis frustré(e), j'ai envie de frapper quelqu'un.	1	2	3	4
20. Je me sens furieux (se) lorsque je fais du bon travail et que je reçois une mauvaise évaluation.	1	2	3	4

3^e partie

Consigne : Tous le monde peut se sentir fâché ou furieux de temps en temps, mais les gens diffèrent quant à leurs façons de réagir lorsqu'ils sont en colère. Lisez chaque énoncé et encerclez le chiffre représentant la *fréquence* à laquelle, en général, vous vous comportez ou réagissez de la manière décrite, quand vous vous sentez fâché(e) ou furieux(se).

Quand je suis fâché(e) ou furieux(se)...

	Presque jamais	Parfois	Souvent	Presque toujours
21. Je contrôle mon humeur.	1	2	3	4
22. J'exprime ma colère.	1	2	3	4
23. Je garde les choses en dedans.	1	2	3	4
24. Je suis patient avec les autres.	1	2	3	4
25. Je boude.	1	2	3	4
26. Je m'éloigne des gens, je m'isole.	1	2	3	4
27. Je fais des remarques sarcastiques aux gens.	1	2	3	4
28. Je garde mon sang-froid.	1	2	3	4
29. Je pose des gestes comme claquer les portes.	1	2	3	4
30. Je bous en dedans mais je ne le montre pas.	1	2	3	4
31. Je contrôle mon comportement.	1	2	3	4
32. Je me dispute avec les autres.	1	2	3	4
33. J'ai tendance à entretenir des rancunes dont je ne parle à personne.	1	2	3	4
34. J'agresse ce qui me rend furieux (se).	1	2	3	4
35. Je suis capable de m'empêcher de me mettre en colère.	1	2	3	4
36. Je suis secrètement assez critique envers les autres.	1	2	3	4
37. Je suis plus en colère que je veux l'admettre.	1	2	3	4
38. Je me calme plus rapidement que la plupart des gens.	1	2	3	4
39. Je dis des choses méchantes.	1	2	3	4
40. J'essaie d'être tolérant(e) et compréhensif(ve).	1	2	3	4
41. Je suis bien plus irrité(e) que les gens ne le réalisent.	1	2	3	4
42. Je me mets en colère.	1	2	3	4
43. Si quelqu'un me contrarie, je suis apte à lui exprimer ce que je ressens.	1	2	3	4
44. Je contrôle mes sentiments de colère.	1	2	3	4

ÉCHELLE ABRÉGÉE D'AJUSTEMENT DYADIQUE

RÉPONDRE AU QUESTIONNAIRE SI VOUS ÊTES EN COUPLE ACTUELLEMENT.

(Si vous n'êtes pas en couple actuellement, vous avez terminé le questionnaire)

Ce questionnaire s'intéresse à votre perception de votre vie de couple. Il s'agit donc de votre opinion personnelle. Ne soyez pas préoccupé(e) de ce que peut ou pourrait répondre votre partenaire. Pour chaque question, indiquez votre réponse en encerclant le chiffre approprié.

	Toujours	La plupart du temps	Plus souvent qu'autrement	Occasionnellement	Rarement	Jamais
1. Est-ce qu'il vous arrive ou est-ce qu'il vous est déjà arrivé d'envisager un divorce, une séparation ou de mettre fin à votre relation actuelle?	0	1	2	3	4	5
2. De façon générale, pouvez-vous dire que les choses vont bien entre vous et votre partenaire?	5	4	3	2	1	0
3. Vous confiez-vous à votre partenaire?	5	4	3	2	1	0

4. Les descriptions sur la ligne suivante correspondent à différents degrés de bonheur dans votre relation. La case centrale "heureux(se)" correspond au degré de bonheur retrouvé dans la plupart des relations. **Encerclez** le chiffre qui correspond le mieux au degré de bonheur de votre couple.

Extrêmement malheureux(se)	Assez malheureux(se)	Un peu malheureux(se)	Heureux(se)	Très heureux(se)	Extrêmement heureux(se)	Parfaitement heureux(se)
0	1	2	3	4	5	6

COMMENTAIRES DE L'ÉVALUATEUR (à remplir par votre intervenant)

PAYS D'ORIGINE : _____

MOTIF : _____
